

### **Vehicle/Vessel Contract Application**

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

#### **Fees**

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting			13a	
✓ IVIPS (Individual record inquirie		• • • —		
Bulk vehicle/vessel records (Ba	itch process) Freque	ency <i>(check one)</i> :	One ti	me 🗌 Periodic 🗌 Regular
PRINT or TYPE Company/Agency name				
Northwest Trustee Services, Inc.		0 1 4 11 11 (5		
Contract contact/manager (IVIPS and Bulk record	s accounts)	Signing Authority name (B	ulk recor	ds accounts only)
Christina Taylor (Area code) Phone number   Email (required for IN	/IPS and Bulk records)	(Area code) Phone number	Email (	(vacuited for Bulk vacanda)
	westtrustee.com	(Area code) Priorie number	Eman (	required for Bulk records)
Physical address of business (Number and street, Cit				
13555 SE 36th St., Ste 100, Belle	•			
Mailing address of business, if different (Address or F				
maining address of business, if amoretic (hadress of h	o box, ony, orato, zir oodo,			
Provide <b>one</b> of these identifiers:	ber (TIN) Employer	Identification Number (EIN) 6a		VA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary but	siness activity (exactly what you	r husiness does)		
3 Check all that apply to you and/or your business  Attorney Auction	☐ Lien service ☐ Marina			rvice bureau for another business ovide business name:
□ Auto manufacturer or agent     □ Bail bonds     □ Bank or financing firm     ☑ Business     □ Commercial parking company     □ Credit union     □ Data broker/Reseller     ☑ Debt recovery/Collection     □ Employer/Prospective employer     □ Government     □ Guardianship/Trustee service     □ Homeowner association		media nization ement ator - Government - Private service	☐ Title ☐ Toll ☐ Tow ☐ Tra ☐ Uni ☐ Veh ☐ I re ☐ pro	orage facility e/Escrow facility ving company nsporter ion (non-profit) nicle/Vessel dealer present a business that will ovide information to another party
☐ Homeowner association ☐ Hospital ☐ Hulk hauler ☐ Insurance company/agent	☐ Scrap processo	es - Government		ner (explain) stee company/foreclosures

Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
NTS handles non-judicial foreclosure. In order to foreclose on a manufactured structure, we must identify the current state of the title and the current registered and legal owners. If the manufactured home has not been "detitled," NTS will assist the lenders in completing the elimination process.
5 Redisclosure and/or selling of information
Will you sell or provide the information to anyone else?
If no, skip to Section 6.
If yes, who will you provide or sell the information?  Information may be supplied to the mortgage lenders who have retained NTS to handle the non-judicial
foreclosure.
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
recipients are entitled to personal information under these laws?
Information will only be disclosed to banks with an interest in the real property and manufactured home.
How will you provide the information to recipients? Explain.
Information will be sent via email.
6 Owner contact
Will you contact the vehicle/vessel owner?
If yes, why will you contact the owner and how will you contact them?
Conact may be made via mail services and/or posting foreclosure notices at the property. Foreclosure
notice will be sent to the current owner(s). Also, a request to assist in detitling the home may be sent.
7 Answer the following
Do you agree not to sell or provide the information to any third party that has not been disclosed
as part of this application?
application?
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services?

8 Check all that apply  I represent a government agency. Ager	nov namo:
Do you agree the information you receive	e will only be used in an official capacity and solely ncy? Yes No
✓ I represent a Washington State busines • your current business license	
<ul> <li>Washington, attach a legible copy of either</li> <li>your current business license</li> <li>a letter with a signature of the owner or</li> </ul>	gton State. If your business is not required to be licensed in the state of
<ul> <li>I am a process server. Attach legible co</li> <li>your current business license</li> <li>any/all professional licenses that you p</li> <li>registration for county jurisdictions</li> </ul>	pies of:
	owing: with the Secretary of State
<ul> <li>☐ I represent a data broker/reseller – attal</li> <li>IVIPS applicants must also include:</li> <li>• subscriber roster (provided on page 4)</li> <li>• subscriber agreements</li> </ul>	ach a legible copy of your current business license.
<ul> <li>I am an attorney.* Attach legible copies of your current business license</li> <li>your current bar card</li> </ul>	of:
<ul> <li>I am a private investigator.* Attach legible</li> <li>your current Private Investigator licens</li> <li>your current business license</li> </ul>	·
*Whenever an attorney or private investigate to the vehicle owner. RCW 46.12.635	or accesses a vehicle record in IVIPS, we will send a notification letter
	ealing a material fact required in this request or making false nation from an individual's motor vehicle record is subject to federal 2.640
By signing or typing your name, you are certifying the foregoing is true and correct.	ing under penalty of perjury under the laws of the state of Washington that
	Title Review/Title Resolution Manager
3/16/15/ Clackamas County, OR  Date and place (county) signed	X Christina Taylor Signature
Federal Driver Privacy Protection Act (DPPA) 18 Washington State laws RCW 42.56, RCW 46.12	

2, HCVV 47, WAC 306-10, and WAC 306-93

#### Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <a href="https://fortress.wa.gov/dol/ivipsprod/">https://fortress.wa.gov/dol/ivipsprod/</a>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
2	Address, City, State, ZIP code	l	Subscriber's permissible use	ı
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
3	Address, City, State, ZIP code		Subscriber's permissible use	1
	Does the subscriber provide information an attorney or private investigator?	to Yes No		
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code		Subscriber's permissible use	1
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator?		-	
	Legal business name	Contact name	Email	Telephone #
6	Address, City, State, ZIP code		Subscriber's permissible use	1
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
7	Address, City, State, ZIP code	1	Subscriber's permissible use	1
	Does the subscriber provide information an attorney or private investigator?			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



### **Vehicle/Vessel Contract Application**

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

#### **Fees**

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			10-			
☑ IVIPS (Individual record inquiries) Current IVIPS number, if applicab  ☐ 13a						
☐ Bulk vehicle/vessel records (Bate	ch process) Freque	ncy (check one):	One time  Periodic  Regular			
PRINT or TYPE Company/Agency name						
Financial Assistance Inc						
Contract contact/manager (IVIPS and Bulk records a	accounts)	Signing Authority name (Bi	ulk records accounts only)			
Cella Heckman						
(Area code) Phone number   Email (required for IVIF	,	(Area code) Phone number	Email (required for Bulk records)			
(425) 641-3235   checkman@faid						
Physical address of business (Number and street, City,	State, ZIP code)					
1130 140th Ave N.E. Ste 100A						
Mailing address of business, if different (Address or PO	Box, City, State, ZIP code)					
Bellevue WA 98005						
Provide <b>one</b> of these identifiers:	r (TIN) Employer	dentification Number (EIN) 6a	WA Unified Business Identifier (UBI) 600-640-087			
2 Provide a detailed explanation of your primary busin	ness activity (exactly what you	business does).	1 000 0 10 001			
	, de	st i				
Contract with government agencies						
Pacific Lutheran University. The co						
requires that your records be acces		ers to use this inform	nation in conjunction with the			
collection of a val	id dept.					
3 Check all that apply to you and or your business						
☐ Attorney	☐ Lien service		☐ Service bureau for another business			
☐ Auction	☐ Marina		Provide business name:			
☐ Auto manufacturer or agent	☐ Neighborhood b	lock watch				
☐ Bail bonds	☐ Newspaper or n		☐ Storage facility			
☐ Bank or financing firm	☐ Non-profit organ		☐ Title/Escrow			
☐ Business	☐ Parking enforce		☐ Toll facility			
☐ Commercial parking company	☐ Private investiga		☐ Towing company			
☐ Credit union	☐ Process server		☐ Transporter			
☐ Data broker/Reseller	☐ Property mgmt.	- Government	☐ Union (non-profit)			
✓ Debt recovery/Collection	☐ Property mgmt.	- Private	☐ Vehicle/Vessel dealer			
☐ Employer/Prospective employer	☐ Repossession s		☐ I represent a business that will			
Government	☐ Retail/Store		provide information to another party			
☐ Guardianship/Trustee service	☐ School - Private		Provide business names:			
☐ Homeowner association	☐ School - Public					
☐ Hospital	☐ Scrap processo	r or wrecker	Other (explain)			
☐ Hulk hauler	☐ Security service	s - Government				
☐ Insurance company/agent	☐ Security service	s - Private				

RPD-224-002 Page 1 of 4 (R/10/14)WA

Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.					
See attached item 4					
Redisclosure and/or selling of information					
Will you sell or provide the information to anyone else?					
·	5				
If no, skip to Section 6.					
If yes, who will you provide or sell the information?					
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure					
recipients are entitled to personal information under these laws?					
How will you provide the information to recipients? Explain.					
	İ				
Owner contact					
Will you contact the vehicle/vessel owner?	40				
Unsolicited business contact for commercial purposes is strictly prohibited.					
If yes, why will you contact the owner and how will you contact them?					
Contact by phone or letter or both. When the person identified is owing debt they will be contacted for					
payment of the obligation. They are contacted because they owe the debt to the government agency.					
See attached a. and b.					
Answer the following					
No you agree not to sell or provide the information to any third party that has not been disclosed					
as part of this application?	<sub>vo</sub>				
2. Do you agree not to use the information for any purpose other than reasons stated on this					
application?	ا oا				
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making					
unsolicited business contact, or promoting the sale of any goods or services?	10				

- 4. We perform collections for institutions of higher education and as such often times individuals "skip" leaving no new forwarding address. Vehicle-Vessel assists in locating individuals that owe monies to these institutions by providing addresses that may have been updated in the previous 12 month period. We typically use this service by name rather than by plate.
- 6. a. We contact the vehicle owner if they are the individuals that owe the money to the institutions.
- b. By obtaining the address of the individual that owes the money, we may contact them via letter requesting payment of the obligation. Or, we may cross-reference the address using a different location information database and if the phone number is available call the individual and request payment of the outstanding obligation.

8	Check all that apply
	☐ I represent a government agency. Agency name:
	Do you agree the information you receive will only be used in an official capacity and solely
	for carrying out the functions of your agency?
	☑ I represent a Washington State business. Attach legible copies of:
	your current business license
	any/all professional licenses that you possess
	<ul> <li>☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:</li> <li>Your current business license</li> </ul>
	<ul> <li>a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).</li> </ul>
	□ I am a process server. Attach legible copies of:
	your current business license
	<ul> <li>any/all professional licenses that you possess</li> <li>registration for county jurisdictions</li> </ul>
	☐ I represent a non-profit organization or corporation.
ĺ	Attach a legible copy of one of the following:
	Your Articles of Incorporation, filed with the Secretary of State
	Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)     Other decuments reviewed and empressed by the Department of Licensian Bublic Records Officer.
	<ul> <li>Other documents reviewed and approved by the Department of Licensing Public Records Officer</li> <li>Submit a letter with a signature of the business owner or authorized representative indicating you are their</li> </ul>
	agent.
	I represent a data broker/reseller – attach a legible copy of your current business license.
	IVIPS applicants must also include:
	subscriber roster (provided on page 4)
	• subscriber agreements
	☐ I am an attorney.* Attach legible copies of:  • your current business license
	your current bar card
	□ I am a private investigator.* Attach legible copies of:
	your current Private Investigator license
	your current business license
	henever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter the vehicle owner. RCW 46.12.635
rep	owingly making a false statement or concealing a material fact required in this request or making false resentation to obtain any personal information from an individual's motor vehicle record is subject to federal ninal fines under the DPPA and RCW 46.12.640
	signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that foregoing is true and correct.
	14/15 King *Compleance
5/	4/15 KING X/Illa Hadman
Date	and place (county) signed

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



# BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID 8, 600 640 08 Business ID 8, 1

Locationi

Expiras: 04-30-2016

FINANCIAL ASSISTANCE, INC. 1130 140TH AVE NE STE 100A BELLEVUE WA 98005

TAX REGISTRATION INDUSTRIAL INSURANCE COLLECTION AGENCY

ÜNEMPLÖYMENT INSURANCE

CITY LICENSES/REGISTRATIONS:
BELLEVUE GENERAL BUSINESS #030922

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit

This document lists the registrations, endorsements and licenses authorized tor the but these named above. By accepting this document the licenses counters the information on the application was complete, true, and accurate to the best of this registration of experimental transfer of the conducted in compliance with all applicable. Washington states so unit, and only regulations.

like forth

#### Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- · Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <a href="https://fortress.wa.gov/dol/ivipsprod/">https://fortress.wa.gov/dol/ivipsprod/</a>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
2	Address, City, State, ZIP code	1	Subscriber's permissible use	4
	Does the subscriber provide information an attorney or private investigator?	to		
	Legal business name	Contact name	Email	Telephone #
3	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to □ Yes □ No		
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code		Subscriber's permissible use	4
	Does the subscriber provide information an attorney or private investigator?	to □ Yes □ No		
	Legal business name	Contact name	Email	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible use	1.
	Does the subscriber provide information to an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
6	Address, City, State, ZIP code	<del></del>	Subscriber's permissible use	J
	Does the subscriber provide information to an attorney or private investigator?		]	
	Legal business name	Contact name	Email	Telephone #
7	Address, City, State, ZIP code	. ,	Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator?			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

RPD-224-002 Page 4 of 4 (R/10/14)WA



### Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records. Send the complete form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

#### Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting  IVIPS (Individual record inquire		Current IVIPS num	ber, if applicable	13a
☐ Bulk vehicle/vessel records (Ba	atch process) – (360) 90	2-3673		
PRINT or TYPE Company/Agency name  LNERNATIONAL	Intelliger			
Primary contact name	JOREN	(Area code) Telephone nu	TOTAL SECURITION AND SECURITION OF THE PARTY	
Email	1:	Website		
	ervices. US	www.iv	telservice	5.45
Secondary contact name		(Area code) Telephone nu	mber Email	
Contract manager name		(Area code) Telephone nu	mber Email	
Physical address of business (Number and street, C	ity, State, ZIP code)	altho 9	8199	
Mailing address of business, if different Address or	PO Box City State VIP code)	ATIL 10		
19/16 Pike Pl 4	t12-357 S	so Attle	98101	
Provide one of Tax Identi: cation Number (	TIN) Federal Em	ployer Identi cation Number	(EIN) WA United Business Ide	entiLer (UBI)
2 Provide a detailed explanation of your primary by	veiness activity (exactly what ubur	husiness does) / 60	te witness	160
litigants for A	HORNEYS 3	provide.	PROCESSS	ervice
3 Check all that apply to you and/or your business			_	
Attorney	Lien service		Service bureau for a	
Auction	☐ Marina	a alcuvatab	Provide business n	ame:
☐ Auto manufacturer or agent☐ Bail bonds	<ul><li>Neighborhood bl</li><li>Newspaper or m</li></ul>		☐ Storage facility	
☐ Bank or ⊕nancing ⊕rm	☐ Non-pro⊡ organi		☐ Title/Escrow	
Business	☐ Parking enforcer		☐ Toll facility	
Commercial parking company	X Private investiga		☐ Towing company	27
☐ Credit union	Process server		☐ Transporter	
☐ Data broker/Reseller	Property mgmt	Government	☐ Union (non-pro☐)	
☐ Debt recovery/Collection	Property mgmt	· Private	☐ Vehicle/Vessel deal	er
☐ Employer/Prospective employer	Repossession se	ervice	☐ I represent a busine	
Government	Retail/Store		provide information	
Guardianship/Trustee service	☐ School - Private		Provide business n	ames:
Homeowner association	School - Public			
☐ Hospital	☐ Scrap processor		☐ Other (explain)	
Hulk hauler	☐ Security services			
☐ Insurance company/agent	□ Security services	s - Private		

4	Vehicle Registrations ARL used to Verify Current Address Information Address Information Were used for the be used por frocess Service
5	Redisclosure and/or selling of information  Will you sell or provide the information to anyone else?  If no, skip to Section 6.  If yes, who will you provide or sell the information?  AHORNOY'S Who hike US PORPROCESS  SERVICE
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?  We only work for personal information under these laws?
6	Address where served is part of the process service declaration
	Will you contact the vehicle/vessel owner?
7	1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?  2. Do you agree not to use the information for any purpose other than reasons stated on this application?  3. Do you agree not to use, or facilitate the use of, the information for commercial purpose, making unsolicited business contact, or promoting the sale of any goods or services?  Yes □ No

Check all that apply
☐ I represent a government agency. Agency name:
Do you agree the information you receive will only be used in an of⊡cial capacity and solely for carrying out the functions of your agency?
☐ I represent a Washington State business. Attach legible copies of:  •☐ your@urrent@usiness@cense  •☐ any/all@rofessional@censes@that@ou@ossess
<ul> <li>□ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either</li> <li>• □ your current business license</li> </ul>
<ul> <li>a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identi cation Number (EIN) or Federal Tax Identi cation Number (TIN).</li> </ul>
☐ I am a process server. Attach legible copies of:  •☐ yourⓒurrentibusinessificense  •☐ any/alliprofessionalificensesithatiÿouɪpossess  •☐ registrationɪforɪcountyɪʃurisdictions
<ul> <li>I represent a non-pro torganization or corporation.</li> <li>1. Attach a legible copy of one of the following:         •□ Your Articles of the corporation, the twith the Secretary of State         •□ Your Tax Exempt Status from the thremal Revenue Services (501)(c)(3)         •□ Other documents reviewed and approved by the Department of the censing Public Records Of cer</li> <li>2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.</li> </ul>
<ul> <li>I represent a data broker/reseller – attach a legible copy of your current business license.</li> <li>IVIPS applicants must also include:</li> <li>□ subscriber@oster@provided@n@age</li> <li>□ subscriber@greements</li> </ul>
☐ I am an attorney.* Attach legible copies of:  • □ your current business license  • □ your current bar card
I am a private investigator.* Attach legible copies of:  your current Private Investigator license  your current business license
*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a noti⊡cation letter

to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal ☐nes under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725

Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



#### **License Details**

License Information:

Name: INTERNATIONAL INTELLIGENCE SER

License Type: Private Investigative Agency

License Number: 1384
License Status: Active
First Issued Date: Aug 23 2004
License Issued: Sep 2 2014
Expiration Date: Aug 31 2015

Address:

SEATTLE WA 98101

View Related Records

Information Current as of 09/05/2014 3:05AM Pacific Time

New Search

Use of lists of individuals provided on this site for commercial purposes is prohibited under Chapter 42.56 of the Revised Code of Washington.

Home | Privacy & Use | Other Licenses | Contact Us | Copyright © 2014 DOL

New Search

- Contact us
- Forms
- About us
- Home
- Start your business
- · Change or update your business information
- How to renew your license

#### Search Business Licenses

**License Information:** 

Entity Name: UNIVERSAL INVESTMENTS WORLDWIDE INC Business Name: INTERNATIONAL INTELLIGENCE SERVICES

License Type: Washington State Business

Entity Type: Profit Corporation

**UBI:** 602292763 Business ID:001 Location ID:0001

Status: To check the status of this company, go to <u>Secretary of State</u> and <u>Department of Revenue</u>.

**Location Address:** SEATTLE, WA, 98101 **Mailing Address:** 

SEATTLE, WA, 98101

View Additional Locations

	Status	Expires	First Issued
Licenses Held at this location			
Private Investigative Agency	Active	08/31/2015	08/23/2004
Registered Trade Names:			
C. I. AGENCY, INC.	Active	N/A	10/19/2009
C.I. GROUP, INC.	Active	N/A	11/17/2009
CONSULTING ONLINE	Active	N/A	12/22/2011
DUIBEGONE	Active	N/A	08/30/2007
DUIBGONE	Active	N/A	08/30/2007
INTELUSPRO	Active	N/A	08/30/2007
INTERNATIONAL INTELLIGENCE SERVICES	Active	N/A	05/04/2003
LOVE STING	Active	N/A	05/15/2009
LOVE STINGS	Active	N/A	05/15/2009
MATE INVESTIGATE	Active	N/A	07/25/2004
MATEINVESTIGATE	Active	N/A	07/25/2004
SEX DECOY	Active	N/A	05/15/2009
SEX DECOY LOVE STING	Active	N/A	05/15/2009
SEX DECOY LOVE STINGS	Active	N/A	05/15/2009
SEX DECOYS	Active	N/A	05/15/2009
SEX DECOYS LOVE STING	Active	N/A	05/15/2009
SEX DECOYS LOVE STINGS	Active	N/A	05/15/2009
USSEARCHPRO	Active	N/A	08/30/2007
WORLDWIDE INVESTMENT PARTNERS	Active	N/A	05/14/2008

#### **Governing People:**

LISABETH MOREY TONY KAUFMAN

Information Current as of 09/05/2014 6:39AM Pacific Time

New Search

This site is limited to searching for business licenses issued through the Washington State Business Licensing Service.

- Contact us
- Forms
- · About us
- Privacy

©2011 Washington State Department of Revenue and its licensors. All rights reserved.

38th Street auto outlet, inc dba

# AUTO OUTLETOF TACOMA

# **Home of The Car Guys**

3430 South Tacoma Way Tacoma, WA 98409 (253) 473-1900 Fax 473-2100

# FAX COYER SHEET

PATE 10	1/14	TIME				
TO WA T	DOL	Fax	Number	(360	) 57	0 78
ATTN: _\V	PS dept.					,
FROM C	jabby Stame	=1)	-			
SUBJECT	VIPS Sppl	ication				
<u></u>	Nating for a	urvent Pa	usiness	Lice	nse	to
	No. Of pages	( ) inc	luding co	over sl	eet	<del></del>

SOTH STREET AUTO OUTLET INC. AUTO OUTLET OF TACOMA HOME OF THE CA 3430 \$ TACOMA WAY



# **BUSINESS LICENSE**

WASHINGTON

Domestic Profit Corporation

38TH STREET AUTO OUTLET INC. AUTO DUTLET OF TACOMA HOME OF THE CAR GUYS 3430 SOUTH TACOMA WAY TACOMA WAY 96409

TAX REGISTRATION

Unified Business ID \$: 602 247 938

Rusiness ID # 1 Location: 1

Expires 11 30 2010

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licenses certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

#### COL WICENSING **Vehicle/Vessel Contract Application** Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts Fees IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records. Method of access you are requesting ☑ IVIPS (Individual record inquiries) Current IVIPS number, if applicable ☐ Bulk vehicle/vessel records (Batch process) Frequency (check one): One time Periodic Regular PRINT on TYPE Company/Agency name 38th Street Auto Outlet abo Auto Outleto Contract contact/manager (IVIPS and Bulk records accounts) (Area code) Phone number | Email (required for IVIPS and Bulk records) 253 4731900 outooutletoftacoma@yahou (Area code) Phone number Email (required for Bulk records) Physical address of business (Number and street, City, State, ZIP code) 3430 So. Tacoma Way Mailing address of business, if different (Address or PO Box, City, State, ZIP code) acom a Provide one of Taxpayer Identification Number (TIN) Employer Identification Number (EIN) these identifiers: WA Unified Business Identifier (UBI) 2 Provide a detailed explanation of your primary business activity (exactly what your business does). 602 247 938 We are a primarily retail and occasionally wholes are business specializing in weed vehicle soles. We sell mostly automobiles for personal use but also have a misc. vehicle dealer license to sell motorcycles, RVs, Check all that apply to you and/or your business ☐ Attorney Lien service ☐ Auction ☐ Service bureau for another business Marina Auto manufacturer or agent Provide business name: Neighborhood block watch ☐ Bail bonds ☐ Newspaper or media Bank or financing firm ☐ Storage facility ☐ Non-profit organization **Y** Business ☐ Title/Escrow Parking enforcement Commercial parking company ☐ Toll facility ☐ Private investigator ☐ Credit union ☐ Towing company Process server Data broker/Reseller ☐ Transporter Property mgmt. - Government ☐ Debt recovery/Collection ☐ Union (non-profit) Property mgmt. - Private Employer/Prospective employer ☑ Vehicle/Vessel dealer Repossession service ☐ Government I represent a business that will ☑ Retail/Store ☐ Guardianship/Trustee service provide information to another party ☐ School - Private ☐ Homeowner association Provide business names: School - Public

Scrap processor or wrecker

☐ Security services - Privete

Security services - Government

☐ Other (explain)

Insurance company/agent

Hospital

☐ Hulk hauler

ļ	4	Expla	ain in detail wh	y you need vehicle/vessel information. Give examples. Attach additional pages if necessary.	
	į	W	Ps in	formation is vital to our business sot true registered owners of the vehiclest e Individuals Matneed to be signing rel	hat we may would
	-	rh\$	tthe t	true registered owners of the vehicles +	hat we result no
	,	ind	eed fl	e Individuals that need to be signing rel	ease constitution
		us	e IVIP	e. The information on IVIPS enables us to	No local by a sound of
		4- W	أكرداموره	The information - on IVIPS applicant	has in the
		)) این آ	Lyenia	e , months and it is that a fi	d GI Who The Most
	(	M	rent (	Twner of the vehicle is. It also enables u	s to the transitional
	(	ρΜ	nersh	soling of information	Cronitared A Danie as all
E	-	Redia Will	Closure and/or	selling of information	a range lienholder ? well
			, skip to S	provide the information to anyone elega	·····. ☐ Sell ☐ Provide ☑ No
		lf y∉	s, who wil	you provide or sell the information?	
	-	The	release ar	d redisologues -4	
	r	ecip	ients are	d redisclosure of personal information is restricted by state and fe entitled to personal information under these laws?	deral laws. How do you ensure
				and these laws	
		1	211		
	۲	10W	will you pr	ovide the information to recipients? Explain.	
6			ontact		
	U	п <i>so</i>	je contact <i>jeited busi</i>	the vehicle/vessel owner?  ness contact for commercial purposes is strictly prohibited.	T Vac Mala
	lf	yes,	why will y	ou contact the owner and how will you contact them?	res Er No
				www. you contact them?	
	_			·	i
7			e following		
	τ.	as t	you agree art of this	not to sell or provide the information to any third party that has no	t been disclosed
	2.	Do	ou agree	application?	Yes No
	2	app Do	ication?	not to use the information for any purpose other than reasons stated	ed on this
	J.	uns:	rou agree plicited bus	not to use, or facilitate the use of, the information for the purpose	of making
_				iness contact, or promoting the sale of any goods or services?	····· Ves □ No
		[	1	1	

8 Check all that apply	
Provou correction in a government agency. Agency name:	
for carrying out the functions of your accessed	Apacity and solely
your current business license any/all professional licenses that your current business licenses that your current business that y	··············□ Yes □ No
Washington, attach a legible copy of either:  your current business license a letter with a signature of the owner or authorized representative indication.	
include your Employer Identification Number (EIN) or Taxpayer Identification Number (EIN) or Taxpayer Identification am a process server. Attach legible copies of:  your current business license any/all professional licenses that you possess registration for county jurisdictions	ation Number (TIN).
<ul> <li>represent a non-profit organization or corporation.</li> <li>Attach a legible copy of one of the following:</li> <li>Your Articles of Incorporation, filed with the Secretary of State</li> <li>Your Tax Exempt Status from the Internal Revenue Services (501)(c)(c)</li> <li>Other documents reviewed and approved by the Department of Licen agent.</li> </ul>	sing Public Records Officer
IVIPS applicants must also include:  subscriber roster (provided on page 4)  subscriber agreements	Dusiness license.
<ul> <li>i am an attorney.* Attach legible copies of:</li> <li>your current business license</li> <li>your current bar card</li> </ul>	
<ul> <li>I am a private Investigator.* Attach legible copies of:</li> <li>your current Private Investigator license</li> <li>your current business license</li> </ul>	
*Whenever an attorney or private investigator accesses a vehicle record in IV to the vehicle owner. RCW 46.12.635	IPS, we will send a notification letter
Knowingly making a false statement or consecution	
Knowingly making a false statement or concealing a material fact required in representation to obtain any personal information from an individual's motor criminal fines under the DPPA and RCW 46,12.640	stricte record is subject to federal
By signing or typing your name, you are certifying under penalty of perjury under the foregoing is true and correct.	ne laws of the state of Washington that
12/11th PierceCo.  Date and place (dounty) signed  **Signature**	ract manager 2-Ce-
Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 3	08-93

We are committed to providing equal access to our services. If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section) Maintain a legible Subscriber Roster and complete all fields Record all subscribers Document the specific permissible use each subscriber qualifies Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at

In the Subscriber's permissible use box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such

	T	<del></del>		p			a vague answer
	Lega	business nam	<u> </u>	Contact name	Email		
_	Addr	ess, City, State,	ZIR sada				Telephone #
•	}	,,	Zir code	<del></del>	Suba-di i	<u>_</u>	
	Dos	s the cube	<u> </u>		Subscribers	sermissible use	
J	ans	Horney of	criber provide infor	mation to			
┥	Local	domey or	<u>private investiga</u> tor	mation to '?	u_ :		
1	coga	ousiness name		Contact name			
ŀ					Email		Telephone #
	Addre	ss, City, State,	ZIP code	_ <del>_</del>	<b></b>	_	
7			<u> </u>	•	Subscriber's p	ermissible use	<del></del>
l	Doe	s the subsc	riber provide infor	mation to	i i		
1	an a	ttorney or p	rivate investigator	mation to ?			
l	Légal	business name		Contact name	10		
				Contact name	Email		<del> </del>
Γ	Addre	s, City, State, Z	IP code				Telephone #
l					Subscriber's pe	Ymioeikle	<del>-</del>
Γ	Does	the subsc	riber provide inform		1	WHOSINE DRE	
l	an ai	torney or r	rivete investisses	nation to			
۲	Legal t	usiness name	ivate investigator	nation to	lo :		
ı		daniess name		Contact name	Email	<u> </u>	<u> </u>
Н	Aridrod	- 670 - 5			⊏maii		Telephone #
ı	Addi Çă	s, City, State, Z	P code	<u></u>	<del>-    </del>		ľ
H	<u> </u>		<del></del>		Subscriber's pe	rmissible use	
'	Does	ine subsci	iber provide inform	lation to	<b>-</b>		
Ľ	an an	torney or p	fivate investigator?	iation to ······ □Yes □ No	_		
l '	Legal bi	usiness name		Contact name			
L		<u> </u>		The state of the s	Email		Telephone #
/	Address	City, State, Z	ode -				'Arobitone #
		A DAME OF THE					
	<u>_</u> _1				Subscriber's per	missible use	
E	Does	the subset	ber provide inform	ption A.	Subscriber's per	missible use	— <del>_</del>
E	Does an atte	the subset	iber provide inform	ation to		missible use	
	Does an atte	the subset	iber provide inform ivate investigator?	······· 🗆 Yes 🗆 No		missible use	
_	Does an atte	the subset	iber provide inform ivate investigator?	ation to ☐ Yes ☐ No		missible use	
Б В	egal bu	the subscr orney or pr	ivate investigator?	······· 🗆 Yes 🗆 No		missible use	Telephone #
Б В	egal bu	the subset	ivate investigator?	······· 🗆 Yes 🗆 No	Email		Talephone #
E a	egal bu	the subscr orney or pr siness name City, State, Zip	code	Contact name			Telephone #
	egal bu	the subscription of the su	code	Contact name	Email Subscriber's pern		Telephone #
	egal bu	the subscription of the su	code	Contact name	Email Subscriber's pern		Telephone #
	egal bu	the subscription of the su	code	Contact name  Setion to Yes No	Email Subscriber's pern		Telephone #
A Dale	egal bu ddress, loes t n atto	the subscription of the su	oode  ber provide informate investigator?	Contact name	Email Subscriber's pern		
E a D a Le	egal bu ddress, loes t n atto	the subscription of the su	oode  ber provide informate investigator?	Contact name  Setion to Yes No	Email Subscriber's pern		Telephone #
E a Lo	egal bu ddress, DOES t n atto	the subscription of the subscriptines or princes name	oode  Der provide informate investigator?	Contact name  ation to  Contact name  Contact name	Email Subscriber's pern	nîssible use	
A Dale	egal bu ddress n atto	the subscription of the su	oode  Der provide informate investigator?	Contact name  ation to  Contact name  Contact name	Email Subscriber's pern	nîssible use	
Dalle Ac D	egal bu ddress n atto	the subscription of the su	oode  Der provide informate investigator?	Contact name  ation to  Contact name  Contact name	Email Subscriber's pern	nîssible use	

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the



### Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507 Fax

(360) 570-7895

**Phone** 

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS	number, enter it here						
Company/Agency name 253 N	lotoring Li	LC		1	Website いるい。	253	motoring, com
Contact name. Primary applicant and con	tract manager	(Area code)	Telephone number		Email (require		,
			2 9881		253M	10+0	ring @ gmail, com
Contact name 2 (if applicable)	VTL		Telephone number		Email (require	d)	, ,
Physical address of business (number an	d street)						
16822 Pacific							ZID anda
City Spanaway				State (	WA		ZIP code 98387
Mailing address of business (if different)		-78			•		
City				State			ZIP code
				Non Non		\A/A	nified Business Identifier (UBI)
Provide <b>one</b> of these identifiers	Taxpayer Identification Num	ber (TIN)	Employer Identific	cation Nu	mber (EIIV)		2 949 130
Answer the following Provide a detailed explanation you will use the vehicle and	on of your primary bus vessel records).	siness acti	vity (exactly w	vhat yo	ur busines	ss or a	agency does and how
Pulling in Ro	on trade	ins	to n	na la	e 50	sre	: they are
Pulling in Co Clear be	fore doin	e dr	eals				
Will you contact the owner for investigator, or to any other disclose the information or s	narcone or huginassa	ICY LICE THI	s space to de	SCHDE	HOW YOU V	VIII CO	That the owner of
no will	not con-	fact	any on	w			
1 1 1							

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

1/13/16

PRINT or TYPE Name

Signature of business or organization representative

Holling swort

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

RPD-224-002 (R/6/16)WA Page 2 of 3



## **Vehicle/Vessel Contract Application**

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

#### Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

				maintenance lees		j · · · · · · · · · · · · · · · · · · ·
1 Method of access you	are requesting					
☑ IVIPS (Indivi	dual record inquirie	s) Current I	VIPS nu	mher if applicable		
Bulk vehicle/vessel records (Ratch process)						
PRINT or TYPE Company	Agency name	p. 00000)	rreque	ncy (check one).	<u> </u>	ne time 🗹 Periodic 🗌 Regular
405 MOTORS	,					
Contract contractive with the						
BASIT BHURGRI						
(Area code) Phone number		IPS and Bulk reco	rds)	(Area code) Phone numb	er F	mail (required for Bulk records)
(425) 949-4550	sales@405mot	ors.com		( was add) I florid fluiffly	/Ci   Li	man (required for Bulk records)
Physical address of busines	ss (Number and street, City,	, State, ZIP code)				
6430 240th St St	E. Woodinville W.	A 98072				
Mailing address of business	s, if different (Address or PC	D Box, City, State, Z	IP code)			
Provide one of Ta	xpayer Identification Numbe	er (TIN)	Employer lo	dentification Number (EIN)		WA Unified Business Identifier (UBI)
these identifiers:						602-697-509
Provide a detailed expla	ination of your primary busin	ness activity (exactl	y what your	business does).		002 007 000
3 Check all that apply to y	ou and/or your business					
☐ Attorney		☐ Lien ser	vice			Conting home as few and
☐ Auction		☐ Marina	1100			Service bureau for another business
Auto manufactur	er or agent		rhood ble	ock watch		Provide business name:
☐ Bail bonds	9	☐ Newspa <sub>l</sub>	per or me	edia		Storage facility
Bank or financing	g firm	☐ Non-prof	fit organi	zation		Title/Escrow
Business		Parking	enforcem	nent		Toll facility
Commercial park	ing company	☐ Private in	nvestigat	or		Towing company
☐ Credit union		Process	server			Towning company
					<u> </u>	Transporter
Data broker/Res			mgmt	Government	Π.	Transporter
☐ Debt recovery/Co	ollection	Property	mgmt mgmt	Government Private		Transporter Union (non-profit)
☐ Debt recovery/Co ☐ Employer/Prospe	ollection	☐ Property ☐ Property	mgmt	Private		Transporter Union (non-profit) Vehicle/Vessel dealer
☐ Debt recovery/Co ☐ Employer/Prospe ☐ Government	ollection ective employer	Property	mgmt ssion se	Private		Transporter Union (non-profit) Vehicle/Vessel dealer represent a business that will
<ul><li>□ Debt recovery/Co</li><li>□ Employer/Prospe</li><li>□ Government</li><li>□ Guardianship/Tru</li></ul>	ollection ective employer estee service	☐ Property ☐ Property ☐ Reposse	mgmt ssion se ore	Private		Transporter Union (non-profit) Vehicle/Vessel dealer represent a business that will provide information to another party
☐ Debt recovery/Co ☐ Employer/Prospe ☐ Government ☐ Guardianship/Tru ☐ Homeowner asso	ollection ective employer estee service	☐ Property ☐ Property ☐ Reposse ☐ Retail/St	mgmt ssion se ore Private	Private		Transporter Union (non-profit) Vehicle/Vessel dealer represent a business that will
☐ Debt recovery/Co ☐ Employer/Prospe ☐ Government ☐ Guardianship/Tru ☐ Homeowner asso ☐ Hospital	ollection ective employer estee service	Property Property Reposse Retail/St School - School - Scrap pro	mgmt ssion se ore Private Public ocessor	Private rvice or wrecker		Transporter Union (non-profit) Vehicle/Vessel dealer represent a business that will provide information to another party Provide business names:
☐ Debt recovery/Co ☐ Employer/Prospe ☐ Government ☐ Guardianship/Tru ☐ Homeowner asso	ollection ective employer estee service eciation	Property Property Reposse Retail/St School - School - Scrap pro	mgmt ssion se ore Private Public ocessor oservices	Private rvice or wrecker - Government		Transporter Union (non-profit) Vehicle/Vessel dealer represent a business that will provide information to another party

Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
Need to verify registered and legal owners on vehicle that are traded in to us in the course of regular business.
5 Redisclosure and/or selling of information
Will you sell or provide the information to anyone else?
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
How will you provide the information to recipients? Explain.
Owner contact  Will you contact the vehicle/vessel owner?
Answer the following
Do you agree not to sell or provide the information to any third party that has not been disclosed  as part of this application?
as part of this application?
application?

8 Check all that apply	
I represent a government agency. Agency name:	
Do you agree the information you receive will only be used in an official capacity and for carrying out the functions of your agency?	I solely
<ul> <li>I represent a Washington State business. Attach legible copies of:</li> <li>your current business license</li> <li>any/all professional licenses that you possess</li> </ul>	·····IIII
<ul> <li>☐ I represent a business outside Washington State. If your business is not required Washington, attach a legible copy of either:</li> <li>your current business license</li> <li>a letter with a signature of the owner or authorized representative indicating your expenses.</li> </ul>	no their constitution
include your Employer Identification Number (EIN) or Taxpayer Identification Numb  I am a process server. Attach legible copies of:  your current business license any/all professional licenses that you possess registration for county jurisdictions	per (TIN).
<ul> <li>☐ I represent a non-profit organization or corporation.</li> <li>1. Attach a legible copy of one of the following: <ul> <li>Your Articles of Incorporation, filed with the Secretary of State</li> <li>Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)</li> <li>Other documents reviewed and approved by the Department of Licensing Public</li> </ul> </li> <li>2. Submit a letter with a signature of the business owner or authorized representative agent.</li> </ul>	c Records Officer indicating you are their
<ul> <li>☐ I represent a data broker/reseller – attach a legible copy of your current business lice.</li> <li>• subscriber roster (provided on page 4)</li> <li>• subscriber agreements</li> </ul>	cense.
<ul> <li>I am an attorney.* Attach legible copies of:</li> <li>your current business license</li> <li>your current bar card</li> </ul>	
<ul> <li>I am a private investigator.* Attach legible copies of:</li> <li>your current Private Investigator license</li> <li>your current business license</li> </ul>	
*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we w to the vehicle owner. RCW 46.12.635	ill send a notification letter
Knowingly making a false statement or concealing a material fact required in this requirepresentation to obtain any personal information from an individual's motor vehicle recriminal fines under the DPPA and RCW 46.12.640	est or making false ecord is subject to federal
By signing or typing your name, you are certifying under penalty of perjury under the laws of the foregoing is true and correct.	the state of Washington that
VP Title	
04/23/2015 Snohomish County  Date and place (county) signed  Bignature	
Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. \$2721 through \$2725	

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

# Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/

In the Subscriber's permissible use box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

Г	Logal business				
	Legal business name 405 Motors	Contact name	Email	Telephone # 4550	
		Basit Bhurgri	sales@405motors.com	(425) 949- <del>455</del>	
1	Address, City, State, ZIP code		Subscriber's permissible use		
	6430 240th ST SE, Woodinville, WA	98072	Verify ownership on vehicles trade into		
	Does the subscriber provide information	to	- verily ownership on ven	icles trade into	
_	an attorney or private investigator?		dealer.		
	Legal business name	Contact name	Email	Talanh	
				Telephone #	
2	Address, City, State, ZIP code		Cub corib avia		
-			Subscriber's permissible use		
	Does the subscriber provide information	to			
	an attorney or private investigator?	TVos TNo			
	Legal business name	Contact name			
		Contact name	Email	Telephone #	
	Address, City, State, ZIP code				
3	in the state of th		Subscriber's permissible use		
	Does the subscriber provide into				
	Does the subscriber provide information	to			
-	an attorney or private investigator?				
ľ	Legal business name	Contact name	Email	Telephone #	
	Addition			,	
4	Address, City, State, ZIP code		Subscriber's permissible use		
	Does the subscriber provide information	to	7		
Н	an attorney or private investigator?	□ Yes □ No			
	Legal business name	Contact name	Email	Telephone #	
				relebitorie #	
5	Address, City, State, ZIP code		Subscriber's permissible use		
			odbochber a permissible use		
	Does the subscriber provide information t	0	1		
$\perp$	an attorney or private investigator?	Yes No			
	Legal business name	Contact name	Email		
- 1		- Sinds Harry	Email	Telephone #	
_	Address, City, State, ZIP code				
6			Subscriber's permissible use		
	Does the subscriber provide information to				
	an attorney or private investigator?				
$\top$	Legal business name				
	3	Contact name	Email	Telephone #	
-	Address City State 715				
7	Address, City, State, ZIP code		Subscriber's permissible use		
-	Deceth				
	Does the subscriber provide information to		20		
	an attorney or private investigator?	☐ Yes ☐ No			
	1.190				

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



## **BUSINESS LICENSE**

Domestic Profit Corporation

Unified Business ID #: 602 697 509

Business ID #: 1 Location: 1

Expires: 02-29-2016

BHURGRI AND SONS, INC.

**405 MOTORS** 6430 240TH ST SE WOODINVILLE WA 98072

TAX REGISTRATION INDUSTRIAL INSURANCE MOTOR VEHICLE DEALER #7221

UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS: Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES: **405 MOTORS** 

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.



# Vehicle/Vessel Disclosure Agreement Application

Use this form to apply for access to vehicle/vessel records or information. Once completed, mail or fax it to:

Public Disclosure Department of Licensing PO Box 2957 Olympia WA 98507-2957

Fax: (360) 570-7895

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information. There is no guarantee you will be provided the information. We release information in accordance with the federal Driver Privacy Protection Act (DPPA), and Washington State laws. The DPPA restricts redisclosure of personal information obtained from vehicle records. An authorized recipient may only redisclose information for a permitted use.

THE PRINT OF TWO TALLS AND A STATE OF THE PRINT OF THE PR			
PRINT OR TYPE Method of access you are requesting  Internet Vehicle/Vessel Information Processing System	(IVIPS) (Individual record	inguirie	es) (360) 359-4001
Secure data transfer (360) 902-3673	(TITE O) (Man Francis Tools of		(400) 000 1001
☐ Electronic Lender Transaction (ELT) (360) 902-3708 S	Service bureau name:		
Company/Agency name			
Washington Fugitive Investigations			
Contact name	(Area code) Telephone number	1 '	rea code) Fax number
W. Tom McLinn Contact name 2 (if applicable)	(253) 732-8250 (Area code) Telephone number		53) 383-7160
Frank Davalos	(253) 732-0511	1	ınk_davalos@wfinv.net
Contact name 3 (If applicable)	(Area code) Telephone number		nall
Contact reality of (ii applicable)	( Tax 2000) (Diophono Haribon	"	10001
Physical address of business (Number and street)			
513 S. 9th St.			
City		State	ZIP code
Tacoma		WA	98402
Mailing address of business (If different)			
1000 Aviara Pkwy - Ste 300		State	ZIP code
Carlsbad		CA	92011
email	website	1011	102011
william_mclinn@wfinv.net			
You are required to provide one of the items below.			
Tax Identification Number (TIN)			
Follows Francisco de la mática ablam Novas au /FINI)			
Federal Employer Identification Number (EIN)			
Washington State Unified Business Identifer (UBI) 603 241 0	)27		
Tradinington deate onlined basiness (ODI)			
Agency	Use Only		
Account number	□ Now co	oount	☐ Renewal ☐ Reapply
Account number	LINEW act	Journ	ш пенеман ш пеарріу
☐ Approved ☐ Denied ☐ Cancelled ☐ Misuse			

2 Chec	ck all that apply to you and/or your business		The state of the s
Atto	ction to manufacturer or agent il bonds nk or financing firm siness mmercial parking company edit union ta broker/Reseller ebt recovery/Collection inployer/Prospective employer overnment uardianship/Trustee service ome owner association ospital ilk hauler surance company/agent	Lien service  Marina  Neighborhood block watch  Newspaper or media  Non-profit organization  Parking enforcement  Private investigator  Property mgmt Government  Property mgmt Private  Repossession service  Retail/Store  School - Private  School - Public  Scrap processor or wrecker  Security services - Government  Security services - Private	Service bureau for another business Provide business name:  Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party Provide business name(s):  Other (explain)
obsco		to investigate and recover/apprenend to	ightives that have missed court and/or
4 Expl	lain in detail why you need vehicle/vessel informa	ation. Give examples. Attach additional pages if necessary	
	ne cases, being able to verify a req dant and/or indemnitor.	gistered owners address, or a vehicle at	a location can lead us to a known
ueleik	dant and/or indemnitor.		
_	disclosure and/or selling of information		
I		n to anyone else?	
			LI Sell LI Provide to others
1 '		rmation? Be specific, list all recipients.	
None	•		
If yes	•	permitted use under the DPPA and Wash	ington state law? Be specific.
If yes	s, how will you supply the information	on? Describe.	
None	)		
	ner contact		
Will y Unso	ou contact the vehicle/vessel own plicited business contact for comme	er?ercial purposes is strictly prohibited.	
1 "	s, how is contact made? Describe.		
Conta	act is usually made in person. We	then properly identify ourselves and the	purpose for the contact.
If ves	s, describe or provide an example	of why you would contact them.	
1	•	ery owner. Only if the informatin leads u	s to the location of the defendant or
inden	mnitor we're searching for, in which	would lead to the arrest of the person s	sought.

7 Check all that apply
<ul> <li>I represent a Washington State business. Attach legible copies of:</li> <li>your current business license.</li> <li>any/all professional licenses that you possess.</li> </ul>
<ul> <li>☐ I represent a business outside Washington State. If your business is not required to be licensed in the State of Washington, attach a legible copy of either:</li> <li>your current business license.</li> <li>a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).</li> </ul>
<ul> <li>I am a process server. Attach legible copies of:</li> <li>your current business license.</li> <li>any/all professional licenses that you possess.</li> <li>registration for county jurisdiction(s).</li> </ul>
☐ I represent a government agency. Attach a statement that the information you receive will be used solely for carrying out official agency functions. Print agency name:
<ul> <li>☐ I represent a non-profit organization or corporation.</li> <li>1. Attach a legible copy of one of the following: <ul> <li>Your Articles of Incorporation, filed with the Secretary of State</li> <li>Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)</li> <li>Other documents reviewed and approved by the Department of Licensing Public Records Officer</li> </ul> </li> <li>2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.</li> </ul>
<ul> <li>I am an attorney.* Attach legible copies of:</li> <li>your current business license.</li> <li>your current bar card.</li> </ul>
<ul> <li>I am a private investigator.* Attach legible copies of:</li> <li>your current Private Investigator license.</li> <li>your current business license.</li> </ul>
*Whenever the name or address of an individual vehicle owner is provided to an attorney or private investigator, we will notify the vehicle owner that the information has been provided. RCW 46.12.635(4)
Answer the following
Have you attached all the required documents that apply to this Vehicle/Vessel Disclosure  Agreement Application?
Do you agree not to divulge any of the information we provide you to any third party that has not been disclosed on this Agreement Application?
Do you agree not to use the information for any purpose other than what is stated on this Agreement Application, or approved by us, not to sell the information, and that the information will not be used for commercial purposes by you or by any other individual or organization?
Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact with a person named in the disclosed information? "Unsolicited business contact" means a contact that is intended to result in, or promote the sale of any goods or services to a person named in the disclosed information

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

W. Tom McLinn - #224
PRINT Name
Director - WFI Operations
Title
513 S. 9th St.
Address
Tacoma, WA -98402City, State, ZIP coele
X

9. VA / Tacoma, WA

Date and place



ABOUT US | CONTACT US Español

logon

register

Search

Home

DOING BUSINESS REGISTER MY BUSINESS DOOKUP BUSINESS INFORMATION

File & pay taxes

Back to search results

If "Non-revenue" appears after Tax Registration Number, the account is not registered with the Department of Revenue. However, it may be registered with other agencies in the state.

> Washington State Department of Revenue State Business Records Database Detail

### Doing business

Business types Register my business

My account Audits

Workshops & education

Get a form or publication

Find a law or rule



Find taxes & rates

**ENTITY NAME:** BUSINESS NAME:

TAX REGISTRATION NO: 603241027 603241027 ACCOUNT OPENED: 10/01/2012 12:00:00 AM

ACCOUNT CLOSED: OPEN WASHINGTON FUGITIVE INVESTIGATIONS LLC

**WASHINGTON FUGITIVE INVESTIGATONS** 

MAILING ADDRESS: 1000 AVIARA DR STE 300 CARLSBAD, CA 92011-4218

NATES CODE: 561611

ENTITY TYPE: LIMITED LIABILITY

NAICS DEFINITION: INVESTIGATION SERVICES

BUSINESS LOCATION: 513 S 9TH ST

TACOMA, WA 98402-5601

RESELLER PERMIT NO: N/A PERMIT EFFECTIVE: N/A

PERMIT EXPIRES: N/A

We need your help. Take a 30 sec survey



FOR NON-COMMERCIAL USE ONLY

09/10/2014 3:18 PM

CONTACT US | ABOUT US | QUESTIONS & ANSWERS | PRINTER FRIENDLY | CAREERS







Español | Русский | 哲書 | Tagalog | Tiếng Viết | 滅語

Your Privacy | @2010 WASHINGTON STATE DEPARTMENT OF REVENUE AND ITS LICENSORS. ALL RIGHTS RESERVED.

Access Washington ...

Voter registration assistance (SECRETARY OF STATE)

- Contact us
- **Forms**
- About us
- Home
- Start your business
- Change or update your business information
- How to renew your license

#### Search Business Licenses

License Information:

Entity Name: WASHINGTON FUGITIVE INVESTIGATIONS, LLC Business Name: WASHINGTON FUGITIVE INVESTIGATONS, LLC

License Type: Washington State Business Entity Type: Limited Liability Company

**UBI:** 603241027 Business ID:001 Location ID:0001

Status: To check the status of this company, go to Secretary of State and Department of Revenue.

Location Address:

513 S 9TH ST TACOMA, WA, 98402-5601 Mailing Address:

1000 AVIARA DR STE 300 CARLSBAD, CA, 92011-4218

	Status	Expires	First Issued	
Registered Trade Names: WASHINGTON FUGITIVE INVESTIGATONS, LLC	Active	N/A	12/06/2012	Gover TRITON HERBEI JOHN V LELANE PATRIC ROBER

New Search

This site is limited to searching for business licenses issued through the Washington State Business Licensing Service.

- Contact us
- <u>Forms</u>
- About us
- Privacy

©2011 Washington State Department of Revenue and its licensors. All rights reserved.

STATE OF WASHINGTON
DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION THIS CERTIFIES THAT THE PERSON NAMED HEREON IS AUTHORIZED, AS PROVIDED BY LAW, AS A



BAIL BOND RECOVERY AGENT

WILLIAM T MCLINN 767 MARKET ST **TACOMA WA 98402** 

Cert/Lic No.

Issued Date

**Expiration Date** 

02/27/2009

01/16/2015

L-630-159 (R/6/13)

### STATE OF WASHINGTON

DEPARTMENT OF LICENSING - BUSINESS AND PROFESSIONS DIVISION THIS CERTIFIES THAT THE PERSON NAMED HEREON IS AUTHORIZED, AS PROVIDED BY LAW, AS A

BAIL BOND RECOVERY AGENT

FRANK X DAVALOS 513 S 9TH ST TACOMA WA 98402

Cert/Lic No.

**Issued Date** 10/01/2009 **Expiration Date** 10/01/2014

Il Hit

-630-159 (R/2/04)



### **Vehicle/Vessel Contract Application**

Use this form to apply for access to vehicle/vessel records. Send the complete form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

#### **Fees**

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<ul><li>Method of access you are requesting</li><li>✓ IVIPS (Individual record inquirie)</li></ul>	nc) (360) 350 4004 - O.		., 13a			
☐ Bulk vehicle/vessel records (Ba	tch process) – (360) 902-36	rrent IVIPS number 373	, if applicable			
PRINT or TYPE Company/Agency name		,,,,				
GB Auctions Inc, dba DAA Northwes	st					
Primary contact name Kelly Lee		ea code) Telephone number	(Area code) Fax number			
(303) 24		09) 244-4500	00 (509) 244-7005			
veosite		osite ww.daanw.com	com			
Secondary contact name		ea code) Telephone number	Email			
Jennifer Gummere		09) 244-4500	jgummere@daanw.com			
Contract manager name		ea code) Telephone number	Email			
Kelly Lee	(5	09) 244-4500	klee@daanw.com			
Physical address of business (Number and street, City, State, ZIP code) 2215 S Hayford Rd, Spokane WA 99224						
Mailing address of business, if different (Address or PC	O Box City State 7/P code)	-				
P.O. Box 19190, Spokane WA 99219						
Provide one of Tax Identification Number (TII	N) Foderal Employer	dentification Number (EIN)	WA Unified Business Identifier (UBI)			
	these identifiers:  6a  601-410-090  Provide a detailed explanation of your primary business activity (exactly what your business does).					
3 Check all that apply to you and/or your business						
Attorney	Lien service	$\Box$ Service bureau for another busin				
Auton	☐ Marina	Provide business name				
☐ Auto manufacturer or agent☐ Bail bonds	☐ Neighborhood block v					
Bank or financing firm	<ul><li>Newspaper or media</li><li>Non-profit organization</li></ul>		Storage facility			
Business	☐ Parking enforcement		Title/Escrow Toll facility			
Commercial parking company	☐ Private investigator		owing company			
Credit union	☐ Process server		ransporter			
☐ Data broker/Reseller	Property mgmt Government		Union (non-profit)			
Debt recovery/Collection	Property mgmt Private		/ehicle/Vessel dealer			
Employer/Prospective employer	☐ Repossession service		represent a business that will			
☐ Government☐ Guardianship/Trustee service	Retail/Store		provide information to another party			
Homeowner association	□ School - Private     □ School - Public		Provide business names:			
☐ Hospital	Scrap processor or wrecker		Other (explain)			
☐ Hulk hauler	Security services - Government		zulei (explairi)			
☐ Insurance company/agent	☐ Security services - Pri	rato				

Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
In the course of our business, we verify title documents to be technically and legally accurate prior to payout to a consignor of a sold vehicle. When presented Lost Title Applications and/or Paperless Documents we must verify the validity of the information on the documents as well as to ensure title brands have been announced at time of sale.
In addition, when vehicles are dropped on our parking area with arrangements we must determine who are the owners of record of said vehicles in order to make contact for removal of said vehicles.
In addition, when proper releases of interest are not provided or documents have been lost and duplicate titles must be produced, we will contact the owner of record for assistance with replacing lost documents. Also, if question with potential odometer tampering, may contact owner of record to help solve problems related.
5 Redisclosure and/or selling of information  Will you call or provide the information to a self-or and the information to a self-or and the s
Will you sell or provide the information to anyone else?
If yes, who will you provide or sell the information?
way on the minormation?
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
How will you provide the information to recipients? Explain.
6 Owner contact
Will you contact the vehicle/vessel owner?
If yes, why will you contact the owner and how will you contact them?  Would contact an owner only in two circumstances. Those would be to get help with replacement of lost documents or get the needed information when attempting to solve a problem when suspect of odometer fraud or other problematic brands. We would contact if able by telephone and or by USPS, UPS or FedEx
7 Answer the following
Do you agree not to sell or provide the information to any third party that has not been disclosed     as part of this application?
as part of this application?
application?

Check all that apply	
☐ I represent a government agency. Agency name:	
Do you agree the information you receive will only be used in an for carrying out the functions of your agency?	
<ul> <li>I represent a Washington State business. Attach legible copie</li> <li>your current business license</li> <li>any/all professional licenses that you possess</li> </ul>	s of:
☐ I represent a business outside Washington State. If your bus Washington, attach a legible copy of either  • your current business license	·
<ul> <li>a letter with a signature of the owner or authorized representation include your Federal Employer Identification Number (EIN) or</li> </ul>	
<ul> <li>I am a process server. Attach legible copies of:</li> <li>your current business license</li> </ul>	
<ul> <li>any/all professional licenses that you possess</li> </ul>	
registration for county jurisdictions	
<ul> <li>I represent a non-profit organization or corporation.</li> <li>1. Attach a legible copy of one of the following:</li> <li>Your Articles of Incorporation, filed with the Secretary of St</li> <li>Your Tax Exempt Status from the Internal Revenue Service</li> <li>Other documents reviewed and approved by the Departme</li> <li>2. Submit a letter with a signature of the business owner or auth agent.</li> </ul>	s (501)(c)(3) nt of Licensing Public Records Officer
☐ I represent a data broker/reseller – attach a legible copy of yo	ur current business license.
<ul><li>IVIPS applicants must also include:</li><li>subscriber roster (provided on page 4)</li><li>subscriber agreements</li></ul>	
<ul> <li>I am an attorney.* Attach legible copies of:</li> <li>your current business license</li> </ul>	
your current bar card	
<ul> <li>I am a private investigator.* Attach legible copies of:</li> <li>your current Private Investigator license</li> <li>your current business license</li> </ul>	

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

### **IVIPS USE AND DISCLOSURE CONTRACT ATTACHMENT B USER/ACCESS CHANGE REQUEST**

It is the Contractor's responsibility to:

a. Read and review the IVIPS Use and Disclosure Contract with each employee listed,

b. Instruct employees not to disclose or share User Sub-Account numbers and passwords, and

c. Notify DOL in writing within three (3) business days of any changes to the Contact information (i.e. business owner, business

		13a	nt Number
Business Address 2215 S Hayford Rd			
City Spokane		State WA	ZIP Code 99224
Contact Name Kelly Lee			rea Code) Telephone Number
Jser Access			
1.Type or print Employee Name Kelly Lee		☐ Add ☐ Remove	User Sub-Account Number
2.Type or print Employee Name  Jennifer Gummere		☐ Add ☐ Remove	User Sub Assount Number
3.Type or print Employee Name  Darcy Allbery		☐ Add ☐ Remove	User Sub-Account Number
4.Type or print Employee Name  Roxanna Elliott		☐ Add ☐ Remove	User Sub-Account Number
5.Type or print Employee Name  Amber Saint		☐ Add ☐ Remove	User Sub-Account Number
6.Type or print Employee Name  **Tosie Collins**		☐ Add  Remove	User Sub-Account Number
7.Type or print Employee Name  Jenn Orvik		☐ Add ☐ Remove	Hear Sub Assount Number
8.Type or print Employee Name  Tina Wilson		☐ Add ☐ Remove	User Sub-Account Number
9.Type or print Employee Name  Michelle Rogers		☐ Add ☐ Remove	User Sub-Account Number
10.Type or print Employee Name  Kristina Moore		☐ Add ☐ Remove	13a User Sub-Account Number
11.Type or print Employee Name  Mike Hale		☐ Add ☐ Remove	13a User Sub-Account Number
12.Type or print Employee Name  Brea Barham		☐ Add ☐ Remove	13a User Sub-Account Number
13.Type or print Employee Name		Add Remove	13a User Sub-Account Number
fan Bieberstein 14.Type or print Employee Name			User Sub-Account Number
15.Type or print Employee Name		Add Remove	User Sub-Account Number
		☐ Add ☐ Remove	OSCI OUD-ACCOUNT NUMBER
pdate for User Names Changes ( i.e. if			
Type or print Current Employee Name	Updated Employee Name		User Sub-Account Number
Type or print Current Employee Name	Updated Employee Name		User Sub-Account Number
ypr as print a single project realing	Updated Employee Name		User Sub-Account Number

State of Washington Business Licensing Service

Office of the Secretary of State Corporations Division

# LEGAL ENTITY REGISTRATION

Unified Business ID #: 601 410 090

Business ID #: 1

Expires: 08-31-2015

GB AUCTIONS, INC. 2215 S HAYFORD RD SPOKANE WA 99224

Domestic Profit Corporation Renewed by Authority of Secretary of State

REGISTERED TRADE NAMES:

DAA MECHANICAL

DAA NORTHWEST

DAA NORTHWEST AUTO BODY CENTER

DAA NORTHWEST MOTORSPORTS

DAA SEATTLE

DEALERS AUTO AUCTION NORTHWEST

DEALERS AUTO AUCTION OF SEATTLE

DEALERS AUTO FINANCE

SPOKANE AUCTION SERVICES

SPOKANE AUTO AUCTION

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Director, Department of Revenue



Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### **Fees**

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Method of access you are requesting			13a
<ul> <li>✓ IVIPS (Individual record inquiries</li> <li>☐ Bulk vehicle/vessel records (Bail</li> </ul>	,		One time Periodic Regular
PRINT or TYPE Company/Agency name			
Evergreen Adjustment Service, Inc	3.		
Contract contact/manager (IVIPS and Bulk records		Signing Authority name (Bi	ulk records accounts only)
Michelle Dockrey	•		•
	IPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(206) 297-2030 office@evergre	enadjustment.com		
Physical address of business (Number and street, City			
9750 Greenwood Ave N #103, Sea	attle. WA 98103		
Mailing address of business, if different (Address or PC			
Provide one of Taxpayer Identification Numb	per (TIN) Employer	Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers: 6a			
2 Provide a detailed explanation of your primary bus	iness activity (exactly what you	r business does).	
Claims adjustment for both first pa	rty (insured) losses	and third party liabil	ity losses; we investigate
coverage, liability, and damages, a			
, , , , , , , , , , , , , , , , , , ,			
3 Check all that apply to you and/or your business			
☐ Attorney	Lien service		☐ Service bureau for another business
☐ Auction	$\square$ Marina		Provide business name:
☐ Auto manufacturer or agent	☐ Neighborhood b	olock watch	
☐ Bail bonds	☐ Newspaper or n	nedia	☐ Storage facility
☐ Bank or financing firm	☐ Non-profit orgar	nization	☐ Title/Escrow
☐ Business ☐ Parking enforcer		ment	☐ Toll facility
☐ Commercial parking company ☐ Private investiga		ator	☐ Towing company
☐ Credit union	☐ Process server		☐ Transporter
☐ Data broker/Reseller	Property mgmt.	- Government	☐ Union (non-profit)
☐ Debt recovery/Collection ☐ Property mgmt.		- Private	☐ Vehicle/Vessel dealer
☐ Employer/Prospective employer			☐ I represent a business that will
Government	☐ Retail/Store		provide information to another party
☐ Guardianship/Trustee service	☐ School - Private	)	Provide business names:
☐ Homeowner association	☐ School - Public		
☐ Hospital	☐ Scrap processo	r or wrecker	✓ Other (explain)
☐ Hulk hauler	☐ Security service	es - Government	Insurance Claims Adjusters
☐ Insurance company/agent	☐ Security service	es - Private	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
We need to verify the title/ownership of vehicles acquired by insureds and determine if there is a lienholder or if the title is clear to sell salvage. We also need to determine that the insurance carrier is paying the legal
owner in a third party loss.
Fedisclosure and/or selling of information  Will you call or provide the information to envene class?
Will you sell or provide the information to anyone else?
If no, skip to Section 6.
If yes, who will you provide or sell the information? Risk pools, cities, and private insurance carriers who hire us to handle vehicle claims; salvage buyers; salvage pools.
Salvage pools.
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
recipients are entitled to personal information under these laws?
These are entities which themselves have access to this information, either as an admitted insurance
carrier, risk pool, or self-insured Washington city.
How will you provide the information to recipients? Explain.
Electronic copy to the company adjuster we report to.
6 Owner contact
Will you contact the vehicle/vessel owner?
Unsolicited business contact for commercial purposes is strictly prohibited.
If yes, why will you contact the owner and how will you contact them?  Contact will be made for claim settlement as outlined above.
Contact will be made for claim settlement as outlined above.  Contact will be made via phone calls and exchange of required forms.
Contact will be made via priorie calls and exchange of required forms.
7 Answer the following
1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
2. Do you agree not to use the information for any purpose other than reasons stated on this
application?
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making
unsolicited business contact, or promoting the sale of any goods or services?

8 Check all that apply	
☐ I represent a government agency. Agen	cy name:
	will only be used in an official capacity and solely cy? ☐ Yes ☐ No
<ul> <li>I represent a Washington State busines</li> <li>your current business license</li> </ul>	
any/all professional licenses that you po	ossess
<ul> <li>Washington, attach a legible copy of eithe</li> <li>your current business license</li> <li>a letter with a signature of the owner or</li> </ul>	gton State. If your business is not required to be licensed in the state of r:  authorized representative indicating you are their agent. The letter must mber (EIN) or Taxpayer Identification Number (TIN).
<ul> <li>I am a process server. Attach legible cop</li> <li>your current business license</li> </ul>	· · · · · · · · · · · · · · · · · · ·
<ul> <li>any/all professional licenses that you por</li> <li>registration for county jurisdictions</li> </ul>	ossess
☐ I represent a non-profit organization or	•
<ul> <li>1. Attach a legible copy of one of the follow</li> <li>Your Articles of Incorporation, filed w</li> </ul>	
Your Tax Exempt Status from the Internal Control of the Internal Control	•
	oved by the Department of Licensing Public Records Officer
I · · ·	usiness owner or authorized representative indicating you are their
I	ch a legible copy of your current business license.
IVIPS applicants must also include:	
<ul> <li>subscriber roster (provided on page 4)</li> <li>subscriber agreements</li> </ul>	
<ul> <li>☐ I am an attorney.* Attach legible copies o</li> <li>• your current business license</li> </ul>	f:
• your current bar card	
<ul> <li>I am a private investigator.* Attach legible</li> <li>your current Private Investigator license</li> <li>your current business license</li> </ul>	·
your current such too hoories	
*Whenever an attorney or private investigato to the vehicle owner. RCW 46.12.635	r accesses a vehicle record in IVIPS, we will send a notification letter
• • • • • • • • • • • • • • • • • • • •	ealing a material fact required in this request or making false ation from an individual's motor vehicle record is subject to federal 2.640
By signing or typing your name, you are certifying the foregoing is true and correct.	ng under penalty of perjury under the laws of the state of Washington that
	Office Manager
	Title
2/9/15, Seattle, King County	X Michelle Dockrey
Date and place (county) signed	Signature
Federal Driver Privacy Protection Act (DPPA) 18 Washington State laws RCW 42.56, RCW 46.12,	

.....

### Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <a href="https://fortress.wa.gov/dol/ivipsprod/">https://fortress.wa.gov/dol/ivipsprod/</a>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code	1	Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?		-	
	Legal business name	Contact name	Email	Telephone #
2	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
3	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code	1	Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
6	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
7	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

1 Method of access you are requesting			
✓ IVIPS (Individual record inquirie	s) Current IVIPS nu	mber, if applicable	13a
☐ Bulk vehicle/vessel records (Ba	tch process) Freque	ncy (check one): $\square$	One time  Periodic  Regular
PRINT or TYPE Company/Agency name			
Stephen B Abraham Insurance Ac	gency Inc.		
Contract contact/manager (IVIPS and Bulk records	accounts)	Signing Authority name (B	ulk records accounts only)
Stephen B Abraham			
	IPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
	armersAgent.com		
Physical address of business (Number and street, City	v, State, ZIP code)		
17901 Bothell Everett Hwy Ste F1		98012	
Mailing address of business, if different (Address or Po			
PO Box 14692 Mill Creek, WA 980			
Provide one of Taxpayer Identification Numb		Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:		6a	
2 Provide a detailed explanation of your primary bus	siness activity (exactly what you	r business does).	
Insurance sales and service			
3 Check all that apply to you and/or your business			
☐ Attorney	Lien service		☐ Service bureau for another business
L Auction	☐ Marina		Provide business name:
Auto manufacturer or agent	Neighborhood b		
☐ Bail bonds	☐ Newspaper or r		Storage facility
Bank or financing firm	Non-profit organ		☐ Title/Escrow
☐ Business	Parking enforce		☐ Toll facility
Commercial parking company	Private investigation	ator	☐ Towing company
☐ Credit union	☐ Process server		☐ Transporter
Data broker/Reseller	Property mgmt.		Union (non-profit)
□ Debt recovery/Collection	Property mgmt.		☐ Vehicle/Vessel dealer
☐ Employer/Prospective employer	Repossession s	service	☐ I represent a business that will
☐ Government	Retail/Store		provide information to another party
☐ Guardianship/Trustee service	School - Private	)	Provide business names:
☐ Homeowner association	School - Public		
☐ Hospital	Scrap processo		☐ Other (explain)
☐ Hulk hauler	Security service	es - Government	
✓ Insurance company/agent	Security service	es - Private	

Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
<ol> <li>many clients will not have a VIN with them when setting up insurance.</li> <li>Many clients will not have title to a car but try to buy insurance so we double check ownership.</li> <li>We will use the Vin to double check that a vehicle is no longer in our clients name after it has been sold.</li> <li>We use it for boats and atvs etc because serial number are not always visible.</li> <li>We need to VIN to confirm year make and model of a vehicle to give an accurate price.</li> </ol>
Redisclosure and/or selling of information
Will you sell or provide the information to anyone else? □ Sell □ Provide ☑ No
If no, skip to Section 6. If yes, who will you provide or sell the information?
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
How will you provide the information to recipients? Explain.
Owner contact  Will you contact the vehicle/vessel owner?
Answer the following  1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
2. Do you agree not to use the information for any purpose other than reasons stated on this application?

8 Check all that apply	
☐ I represent a government agency. Ager	ncy name:
	will only be used in an official capacity and solely ncy?
<ul> <li>I represent a Washington State busine</li> <li>your current business license</li> <li>any/all professional licenses that you p</li> </ul>	
	gton State. If your business is not required to be licensed in the state of
Washington, attach a legible copy of either	
<u> </u>	r authorized representative indicating you are their agent. The letter must umber (EIN) or Taxpayer Identification Number (TIN).
☐ I am a process server. Attach legible co	pies of:
<ul><li>your current business license</li><li>any/all professional licenses that you p</li></ul>	naceace
<ul> <li>registration for county jurisdictions</li> </ul>	033633
☐ I represent a non-profit organization o	r corporation.
Attach a legible copy of one of the folloging	owing:
Your Articles of Incorporation, filed to the second s	
Your Tax Exempt Status from the Ini     Other documents reviewed and appropriate the comments are appropriate to the comments are appropriated and the comm	rernal Revenue Services (501)(c)(3) Proved by the Department of Licensing Public Records Officer
• •	business owner or authorized representative indicating you are their
☐ I represent a data broker/reseller – atta	ach a legible copy of your current business license.
IVIPS applicants must also include:	
<ul><li>subscriber roster (provided on page 4)</li><li>subscriber agreements</li></ul>	
☐ I am an attorney.* Attach legible copies	of:
your current business license	51.
your current bar card	
☐ I am a private investigator.* Attach legib	
<ul><li>your current Private Investigator licens</li><li>your current business license</li></ul>	e -
*Whenever an attorney or private investigate to the vehicle owner. RCW 46.12.635	or accesses a vehicle record in IVIPS, we will send a notification letter
	ealing a material fact required in this request or making false nation from an individual's motor vehicle record is subject to federal 2.640
By signing or typing your name, you are certifying the foregoing is true and correct.	ing under penalty of perjury under the laws of the state of Washington that
	President\Agent Owner
	Title
AICIONAE Cook aminh Country	Y Charles & Almaham
1/6/2015 Snohomish County Date and place (county) signed	X Stephen B Abraham Signature
- and place (county) digited	o.g., a.c., o
Federal Driver Privacy Protection Act (DPPA) 18 Washington State laws RCW 42.56, RCW 46.12	

We are committed to providing equal access to our services. If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.



Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### **Fees**

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

1 Method of access you are requesting							
✓ IVIPS (Individual record inquiries) Current IVIPS number, if applicable 13a							
☐ Bulk vehicle/vessel records (Batch process) Frequency (check one): ☐ One time ☑ Periodic ☐ Regular							
PRINT or TYPE Company/Agency name							
Fleet Lease Exchange Co dba FLE							
Contract contact/manager (IVIPS and Bulk records	accounts)	Signing Authority name (Bi	ulk records ac	counts only)			
	Michelle Peaks						
(Area code) Phone number Email (required for IVII		(Area code) Phone number	Email (requi	ired for Bulk records)			
(614) 942-1238   michelle@flxfle		<u> </u>					
Physical address of business (Number and street, City,							
5750 Chandler Ct Westerville, Oh			····				
Mailing address of business, if different (Address or PC	Box, City, State, ZIP code)						
Towns I do nition in the latest t	(TIN)   F	Identification Number (FIN)	1 144 11	75-15-11-12-11-11			
Provide one of these identifiers:	er (TIN) Embloyer	Identification Number (EIN) 6a	WA Ur	ified Business Identifier (UBI)			
	noce activity (exactly what you						
Provide a detailed explanation of your primary busin	iless activity (exactly what you	i busiliess doesj.					
Please see attached							
3 Check all that apply to you and/or your business	-						
☐ Attorney	☐ Lien service		☐ Service	bureau for another business			
☐ Auction	☐ Marina			e business name:			
☐ Auto manufacturer or agent	☐ Neighborhood I	olock watch	1 10010	e business name.			
☐ Bail bonds	☐ Newspaper or r		Storage	e facility			
☐ Bank or financing firm	☐ Non-profit orga		☐ Title/E				
<u> </u>				ility			
☐ Commercial parking company	☐ Private investig			company			
☐ Credit union	☐ Process server		☐ Transp				
☐ Data broker/Reseller	☐ Property mgmt.			(non-profit)			
☐ Debt recovery/Collection ☐ Property mgmt.				/Vessel dealer			
☐ Employer/Prospective employer ☐ Repossession s				sent a business that will			
☐ Government	☐ Retail/Store	30. 1.00		e information to another party			
☐ Guardianship/Trustee service	☐ School - Private	3		e business names:			
☐ Homeowner association	School - Public	•					
Hospital	☐ Scrap processo	or or wrecker	☑ Other (	/explain)			
☐ Hulk hauler		es - Government		ive Remarketing / Motor Vehicle			
Insurance company/agent	Security service		Dealer	THE TANKS ASSESSED.			

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.	
F	Please see attaced	
5	Redisclosure and/or selling of information  Will you sell or provide the information to anyone else?	
	If no, skip to Section 6.	NO
	If yes, who will you provide or sell the information?	
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?	
	resipione are entitled to percental information and a those laws:	
	How will you provide the information to recipients? Explain.	
6	Owner contact  Will you contact the vehicle/vessel owner?	No
	Unsolicited business contact for commercial purposes is strictly prohibited.	NO
	If yes, why will you contact the owner and how will you contact them?	
7	Answer the following	
	1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?	No
	2. Do you agree not to use the information for any purpose other than reasons stated on this	
ı	application?	No
	unsolicited business contact, or promoting the sale of any goods or services?	No

8	Check all that apply
	I represent a government agency. Agency name:
	Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
	<ul> <li>I represent a Washington State business. Attach legible copies of:</li> <li>your current business license</li> <li>any/all professional licenses that you possess</li> </ul>
	<ul> <li>I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:</li> <li>your current business license</li> <li>a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).</li> </ul>
	<ul> <li>☐ I am a process server. Attach legible copies of:</li> <li>your current business license</li> <li>any/all professional licenses that you possess</li> <li>registration for county jurisdictions</li> </ul>
	<ul> <li>☐ I represent a non-profit organization or corporation.</li> <li>1. Attach a legible copy of one of the following: <ul> <li>Your Articles of Incorporation, filed with the Secretary of State</li> <li>Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)</li> <li>Other documents reviewed and approved by the Department of Licensing Public Records Officer</li> </ul> </li> <li>2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.</li> </ul>
	<ul> <li>I represent a data broker/reseller – attach a legible copy of your current business license.</li> <li>IVIPS applicants must also include:</li> <li>subscriber roster (provided on page 4)</li> <li>subscriber agreements</li> </ul>
	<ul> <li>I am an attorney.* Attach legible copies of:</li> <li>your current business license</li> <li>your current bar card</li> </ul>
	<ul> <li>I am a private investigator.* Attach legible copies of:</li> <li>your current Private Investigator license</li> <li>your current business license</li> </ul>
*V to	henever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter the vehicle owner. RCW 46.12.635
ep	owingly making a false statement or concealing a material fact required in this request or making false resentation to obtain any personal information from an individual's motor vehicle record is subject to federal ninal fines under the DPPA and RCW 46.12.640
3y he	signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that foregoing is true and correct.
	Title Department Manager
17	27/2015 (Delaware) Westerville OH
	27/2015 - (Delaware) Westerville, OH and place (county) signed
<b></b>	Signature Country Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



Re: Business of Use

To Whom It May Concern:

Our company remarkets vehicles for various companies. We provide a variety of licensing and titling services such as lien perfections, title & registration transfers (state to state), lease termination transfers, title / registration corrections and duplicate title requests. We have inquiry accounts with Arizona, Arkansas, Delaware, Florida, Indiana, Kansas, Kentucky, Maryland, Minnesota, Mississippi, Missouri, North Carolina, New Jersey, New York, Ohio, South Carolina, Tennessee, and Texas.

Our licensing and titling service consists of the following duties: transferring fleet vehicle titles and registrations from one state to another when a driver has been assigned to another location. The application for title and registration is completed so that the title is forwarded to the fleet company's headquarters and the registration to the branch location in the new State of transfer. FLEXCO will either contact the State of transfer or access an online account that has been setup to verify that the transfer has taken place.

We are also employed by financial institutions under our affiliate company (Innovative Funding Services Inc) to transfer titles to their borrowers and to perfect the liens. The application for title is completed to reflect the lender's interest and forwarded to the borrower's State of residence. We will either contact the State of transfer or access an online account that has been setup to verify the completion of the title and perfection of the lien.

Our remarketing division remarkets vehicles for numerous telecommunication companies who often misplace their titles. These companies have several subdivisions and subsidiaries and the home office has no idea what name is listed on the missing title. Our licensing and titling department will either contact the State the vehicle was last registered or access an online account that has been setup to verify the subsidiary and to accurately apply for a duplicate title.

Please feel free to contact me if you should have any questions or concerns. My contact information is as follows: Ph# 614-865-3500, Fx# 614-865-9821 and email michelle@flxfleet.com.

Respectfully,

Michelle Peaks

Administrative Supervisor Title Department Manager



### To Whom It May Concern:

FLEXCO is a vehicle remarketing company and is fully licensed and bonded to handle all types of vehicles. We provide titling and registration services for our clients through out the United States. We are also home office to two dealerships located in Arizona and Ohio.

We are requesting renewal of WA IVIPS search account for use in the normal course of business by FLEXCO as a legitimate business, an agent, or contractor of a legitimate business, for the following purposes:

- (a) to verify the accuracy of information submitted to the business, agent, or contractor
- (b) in case information submitted to the business, agent or contractor is incorrect or no longer is correct, to obtain the correct information, for sole purpose of preventing fraud.

We are also requesting the search account for use in connection with matters regarding motor vehicle advisories such as performance monitoring of motor vehicles, motor vehicle marketing, including, but not limited to removal of non-owner records from the original owner records of motor vehicle manufacturers.

EIN# 31-1595373

VENDOR# 21-900409

OH DLR# UD018359

AZ DLR# L00005465

FLEXCO

Fleet Lease Exchange Company, Inc.



DATE 07/03/2014 DOCUMENT ID 201418301566

DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)

25.00

CERT COPY 0.00 0.00 0.00

### Receipt

This is not a bill. Please do not remit payment.

CSC 2711 CENTERVILLE RD STE 400 WILMINGTON, DE 19808

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted CP14028

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

FLEET LEASE EXCHANGE CO., INC.

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

DOMESTIC AGENT SUBSEQUENT APPOINTMENT Effective Date: 07/02/2014

201418301566



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of July, A.D. 2014.

Jon Hustel

**Ohio Secretary of State** 

# MOTOR VEHICLE DEALER LICENSE

AS PROVIDED FOR UNDER CHAPTER 4517 OF THE REVISED CODE IN THE STATE OF OHIO, SUBJECT TO THE TERMS AND CONDITIONS ENGAGE IN THE BUSINESS OF SELLING MOTOR VEHICLES AT RETAIL THIS IS TO CERTIFY THAT THE FOLLOWING IS HEREBY LICENSED TO

FLEET LEASE EXCHANGE COMPANY 5750 CHANDLER CT

**FLEXCO** 

01

WESTERVILLE

OH 43082



JOHN BORN DIRECTOR

JOHN R. KASICH

GOVERNOR

PERMIT NUMBER UD018359 ISSUE DATE 01/16/15 EXPIRATION DATE 03/31/17

REGISTRAR
OHIO BUREAU OF MOTOR VEHICLES

6504



# LICENSE

License Number:

L00005465

The Arizona Department of Transportation, Motor Vehicle Division, under the provisions of Arizona Revised Statutes, Title 28, hereby licenses:

FLEET LEASE EXHANGE CO INC. DBA

15028 E SUNBURT FOUNTAIN HILLS

AZ 85268

to engage in the business of: WHOLES ALE MY DEALER IN MARICOPA COUNTY

effective this date:

JANUARY 01, 2004

This license shall expire when one of the following occurs:

- The licensee fails, neglects or refuses to pay the required fee for the ensuing year.
- The bond furnished for this license is found to be insufficient or the licensee fails to provide any additional bond required by Arizona law.

This license must not be used except by the licensee named above.

This license must be conspicuously displayed.



Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### **Fees**

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

1 Method of access you are requesting			13a			
v IVIPS (Individual record inquines) Current IVIPS humber, il applicable						
Bulk vehicle/vessel records (Bat	<i>fch process)</i> Freque	ency (check one):	One time Periodic Regular			
PRINT or TYPE Company/Agency name						
American Family Mutual Insurance		Objective Authority and CD	Warrant American American			
Contract contact/manager (IVIPS and Bulk records accounts)  Signing Authority name (Bulk records accounts only)						
Lisa McNally  (Area code) Phone number   Email (required for IVIPS and Bulk records)   Email (required for Bulk records)						
(425) 495-0532 Imcnally@amfa		(Area code) Phone number	Email (required for Bulk records)			
Physical address of business (Number and street, City						
6000 American Parkway, Madison						
Mailing address of business, if different (Address or PC	O Box City State ZIP code)					
225 N 45h Street, Phoenix, AZ 850	-	/ Nielsen				
Provide one of Taxpayer Identification Numb		Identification Number (EIN)	WA Unified Business Identifier (UBI)			
these identifiers:		6a				
2 Provide a detailed explanation of your primary business.	iness activity (exactly what you	r business does).				
Mariana di sata a dissata and a stilla in		l Ot-t £ \				
We investigate, adjust and settle in	isurance ciaims in t	ne State of washing	Jion.			
3 Check all that apply to you and/or your business						
☐ Attorney	☐ Lien service		☐ Service bureau for another business			
☐ Auction	☐ Marina		Provide business name:			
☐ Auto manufacturer or agent	☐ Neighborhood b	olock watch				
☐ Bail bonds	☐ Newspaper or r	nedia	☐ Storage facility			
☐ Bank or financing firm	☐ Non-profit orgai	nization	☐ Title/Escrow			
☐ Business	☐ Parking enforce	ment	☐ Toll facility			
☐ Commercial parking company	☐ Private investiga	ator	☐ Towing company			
☐ Credit union	☐ Process server		☐ Transporter			
☐ Data broker/Reseller	□ Property mgmt.	- Government	☐ Union (non-profit)			
☐ Debt recovery/Collection	☐ Property mgmt.	- Private	☐ Vehicle/Vessel dealer			
☐ Employer/Prospective employer	☐ Repossession s		☐ I represent a business that will			
Government	☐ Retail/Store		provide information to another party			
☐ Guardianship/Trustee service	☐ School - Private	)	Provide business names:			
☐ Homeowner association	☐ School - Public					
☐ Hospital	☐ Scrap processo	r or wrecker	Other (explain)			
Hulk hauler		es - Government				
✓ Insurance company/agent	☐ Security service					

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
To confirm ownership on vehicles, prior salvage history and confirm registration/licensing feels on total loss auto claims.
5 Redisclosure and/or selling of information
Will you sell or provide the information to anyone else? □ Sell □ Provide ☑ No
If no, skip to Section 6.
If yes, who will you provide or sell the information?
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
recipients are entitled to personal information under these laws?
How will you provide the information to recipients? Explain.
now will you provide the information to recipients: Explain.
6 Owner contact Will you contact the vehicle/vessel owner?
Unsolicited business contact for commercial purposes is strictly prohibited.
If yes, why will you contact the owner and how will you contact them?
Contact will be made with the vehicle/vessel owner if the vehicle was involved in an insurance claim with
American Family Mutual Insurance Company. Purpose of contact is to investigate a claim or complete a settlement for vehicle/vessel damage.
Social montrior verificial vector definege.
7 Answer the following
1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
2. Do you agree not to use the information for any purpose other than reasons stated on this application?
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making
unsolicited business contact, or promoting the sale of any goods or services?

Check all that apply	
☐ I represent a government agency. Ager	•
for carrying out the functions of your ager	will only be used in an official capacity and solely ncy?
<ul> <li>I represent a Washington State busines</li> <li>your current business license</li> </ul>	
any/all professional licenses that you p	
<ul><li>Washington, attach a legible copy of either</li><li>your current business license</li></ul>	
	r authorized representative indicating you are their agent. The letter must umber (EIN) or Taxpayer Identification Number (TIN).
☐ I am a process server. Attach legible co	pies of:
<ul> <li>your current business license</li> <li>any/all professional licenses that you p</li> <li>registration for county jurisdictions</li> </ul>	ossess
☐ I represent a non-profit organization or	r corporation.
1. Attach a legible copy of one of the follo	owing:
Your Articles of Incorporation, filed v     Your Toy French Status from the last	
<ul> <li>Your Tax Exempt Status from the Int</li> <li>Other documents reviewed and app</li> </ul>	roved by the Department of Licensing Public Records Officer
• •	business owner or authorized representative indicating you are their
-	ach a legible copy of your current business license.
IVIPS applicants must also include:	
<ul><li>subscriber roster (provided on page 4)</li><li>subscriber agreements</li></ul>	
☐ I am an attorney.* Attach legible copies of	of:
your current business license	
<ul> <li>your current bar card</li> </ul>	
☐ I am a private investigator.* Attach legib	
<ul><li>your current Private Investigator licens</li><li>your current business license</li></ul>	е
your current business license	
*Whenever an attorney or private investigate to the vehicle owner. RCW 46.12.635	or accesses a vehicle record in IVIPS, we will send a notification letter
	ealing a material fact required in this request or making false nation from an individual's motor vehicle record is subject to federal 2.640
By signing or typing your name, you are certifyin he foregoing is true and correct.	ing under penalty of perjury under the laws of the state of Washington that
	Physical Damage Claim Field Manager  Title
4/20/15 Snohomish County	X Lisa McNally Signature
Date and place (county) signed	Signature
Federal Driver Privacy Protection Act (DPPA) 18	3 U.S.C. §2721 through §2725

Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

### **Subscriber Roster** (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <a href="https://fortress.wa.gov/dol/ivipsprod/">https://fortress.wa.gov/dol/ivipsprod/</a>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?		-	
	Legal business name	Contact name	Email	Telephone #
2	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
3	Address, City, State, ZIP code		Subscriber's permissible use	_1
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
5	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?	to	_	
	Legal business name	Contact name	Email	Telephone #
6	Address, City, State, ZIP code	1	Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
7	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

### No. 2166

# **Certificate of Authority**

STATE OF WASHINGTON INSURANCE COMMISSIONER OLYMPIA

THIS IS TO CERTIFY, That

# AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN Madison, Wisconsin

organized under the laws of <u>WISCONSIN</u>, presented satisfactory evidence of compliance with the Insurance Code of the State of Washington and is therefore granted this Certificate of Authority, authorizing the company, subject to all provisions of this Certificate, to transact the following classes of insurance:

Property Vehicle General Casualty

as such classes are now or may hereafter be defined in the Revised Code of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder being and remaining in full compliance with, and not in violation of, all of the applicable laws and lawful requirements made under authority of the laws of the State of Washington.

THIS CERTIFICATE will be automatically revoked upon failure to annually apply for renewal or pay the statutory fee for renewal.

THIS CERTIFICATE IS NOT TRANSFERABLE WITHOUT THE PRIOR WRITTEN CONSENT OF THE COMMISSIONER.

IN WITNESS WHEREOF, effective as of the 8th day of November , 2001 , I have hereunto set my hand and caused my official seal to be affixed this 14th day of

EN STATE CONTINUES OF THE STATE 
Charal

Chief Deputy Insurance Commissioner

### No. 2167

# **Certificate of Authority**

STATE OF WASHINGTON INSURANCE COMMISSIONER **OLYMPIA** 

THIS IS TO CERTIFY, That

### AMERICAN FAMILY MUTUAL INSURANCE COMPANY Madison, Wisconsin

organized under the laws of <u>WISCONSIN</u>, presented satisfactory evidence of compliance with the Insurance Code of the State of Washington and is therefore granted this Certificate of Authority, authorizing the company, subject to all provisions of this Certificate, to transact the following classes of insurance:

> **Property** Marine & Transportation Vehicle **General Casualty**

as such classes are now or may hereafter be defined in the Revised Code of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder being and remaining in full compliance with, and not in violation of, all of the applicable laws and lawful requirements made under authority of the laws of the State of Washington.

THIS CERTIFICATE will be automatically revoked upon failure to annually apply for renewal or pay the statutory fee for renewal.

THIS CERTIFICATE IS NOT TRANSFERABLE WITHOUT THE PRIOR WRITTEN CONSENT OF THE COMMISSIONER.

> IN WITNESS WHEREOF, effective as of the 8th day of November, 2001, I have hereunto set my hand and caused my official seal to be affixed this 14th day of

Chief Deputy Insurance Commissioner



Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### **Fees**

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

1 Method of access you are requesting					
✓ IVIPS (Individual record inquiries	✓ IVIPS (Individual record inquiries) Current IVIPS number, if applicable				
☐ Bulk vehicle/vessel records (Batch process) Frequency (check one): ☐ One time ☐ Periodic ☐ Regular					
PRINT or TYPE Company/Agency name			<del>_</del>		
Seattle Children's Hospital					
Contract contact/manager (IVIPS and Bulk records	accounts)	Signing Authority name (B	ulk records accounts only)		
Debbie Ekstrom					
(Area code) Phone number Email (required for IVI	PS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)		
(206) 987-5484   debbie.ekstrom	@seattlechildrens				
Physical address of business (Number and street, City,	State, ZIP code)				
4800 Sand Point Way NE, M/S M2	2-15, Seattle, WA	98105			
Mailing address of business, if different (Address or PC	Box, City, State, ZIP code)				
PO Box 5371, Seattle, WA 98105					
Provide <b>one</b> of Taxpaver Identification Number	er (TIN) Employe	r Identification Number (EIN)	WA Unified Business Identifier (UBI)		
these identifiers: 6a.					
Provide a detailed explanation of your primary busing	ness activity (exactly what ye	our business does).			
Non-profit hospital serving the nee	ds of children in P	acific Northwest, We	e provide emergency care		
outpatient care and inpatient care					
outpation care and inpation care	ioi oimaron nom v	rr, raarro, rhaona arr	a Worldana.		
3 Check all that apply to you and/or your business					
☐ Attorney	☐ Lien service		Service bureau for another business		
☐ Auction	∐ Marina		Provide business name:		
Auto manufacturer or agent	☐ Neighborhood				
☐ Bail bonds	☐ Newspaper or		Storage facility		
Bank or financing firm	Non-profit org		☐ Title/Escrow		
☐ Business	Parking enforce		Toll facility		
Commercial parking company	Private investi	•	Towing company		
Credit union	Process serve		Transporter		
Data broker/Reseller	, ,	t Government	Union (non-profit)		
Debt recovery/Collection	Property mgm		☐ Vehicle/Vessel dealer		
Employer/Prospective employer	Repossession	service	☐ I represent a business that will		
☐ Government	☐ Government ☐ Retail/Store provide information to another part				
Guardianship/Trustee service	School - Priva		Provide business names:		
☐ Homeowner association	School - Publi				
✓ Hospital	Scrap process		☐ Other (explain)		
☐ Hulk hauler		ces - Government			
☐ Insurance company/agent ☐ Security services - Private					

4. Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
Seattle Children's is required under the City of Seattle Major Institute on Master Plan (MIMP) to prevent hospital employees and affiliates from parking on neighborhood streets. IVIPS will allow us to identify those employees and affiliates. IVIPS will also allow us to identify the owners of vehicles parked in emergency zones on campus.
Redisclosure and/or selling of information  Will you sell or provide the information to anyone else?
If no, skip to Section 6. If yes, who will you provide or sell the information?
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
How will you provide the information to recipients? Explain.
6 Owner contact
Will you contact the vehicle/vessel owner?
If yes, why will you contact the owner and how will you contact them?
The vehicle owner would be contacted to request that the vehicle be removed from the neighborhood street and relocated to their assigned parking lot.
If the vehicle owner is an employee or affiliate of Seattle Children's the owner will be contacted by phone or email.
7 Answer the following
1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ✓ Yes □ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application?
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ∠ Yes □ No

Check all that apply		
•	nment agency. Agency nam	
for carrying out the fu	inctions of your agency?	y be used in an official capacity and solely□ Yes □ No
<ul> <li>your current busine</li> </ul>		ch legible copies of:
	Il licenses that you possess	
Washington, attach a • your current busine • a letter with a signal	legible copy of either: ess license ature of the owner or author	rate. If your business is not required to be licensed in the state of
	·	EIN) or Taxpayer Identification Number (TIN).
your current busine	er. Attach legible copies of:	
•	Il licenses that you possess	
•	ofit organization or corpor	ration.
	py of one of the following:	
	Incorporation, filed with the	
	ot Status from the Internal Re	evenue Services (501)(c)(3) y the Department of Licensing Public Records Officer
		s owner or authorized representative indicating you are their
☐ I represent a data bi	r <b>oker/reseller –</b> attach a leç	gible copy of your current business license.
IVIPS applicants mus		
•	provided on page 4)	
subscriber agreem		
<ul><li>your current busine</li></ul>	ttach legible copies of:	
<ul> <li>your current basing</li> <li>your current bar ca</li> </ul>		
	t <b>igator.*</b> Attach legible copie	es of:
	e Investigator license	,
<ul> <li>your current busine</li> </ul>	•	
*Whonover on etterney or	r privata invastigator assac	and a vahiala record in IVIDS, we will send a natification latter
to the vehicle owner. RC\		sses a vehicle record in IVIPS, we will send a notification letter
• • •	ny personal information from	a material fact required in this request or making false rom an individual's motor vehicle record is subject to federal
By signing or typing your na he foregoing is true and cor		er penalty of perjury under the laws of the state of Washington that
	Sr. A	Administrative Assistant
		_ ,,,, ,
March 24, 2015 - King Co		Debbie Ekstrom
Pate and place (county) signed	Signatur	i <del>e</del>
ederal Driver Privacy Prote	ection Act (DPPA) 18 U.S.C.	§2721 through §2725

Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

### Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <a href="https://fortress.wa.gov/dol/ivipsprod/">https://fortress.wa.gov/dol/ivipsprod/</a>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?		-	
	Legal business name	Contact name	Email	Telephone #
2	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
3	Address, City, State, ZIP code	1	Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
5	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?	i to □Yes □ No		
	Legal business name	Contact name	Email	Telephone #
6	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
7	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### **Fees**

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

1 Method of access you are requesting					
✓ IVIPS (Individual record inquiries) Current IVIPS number, if applicable					
☐ Bulk vehicle/vessel records (Bat	ch process)	Freque	ncy (check one): $\Box$	One	e time 🗌 Periodic 🗌 Regular
PRINT or TYPE Company/Agency name					
State Farm Mutual Automobile Ins		pany			
Contract contact/manager (IVIPS and Bulk records	accounts)		Signing Authority name (Bi	ulk re	cords accounts only)
Janet Singler					
(Area code) Phone number Email (required for IVI		-	(Area code) Phone number	Em	ail (required for Bulk records)
(253) 912-6751   janet.singler.bjl		i.com			
Physical address of business (Number and street, City,					
1000 Willmington Drive, DuPont, V					
Mailing address of business, if different (Address or PC	D Box, City, State, Zi	IP code)			
PO Box 5000, DuPont, WA 98327					T
Provide <b>one</b> of Taxpaver Identification Number	er (TIN)	Employer I	dentification Number (EIN)		WA Unified Business Identifier (UBI)
these identifiers: 6a.			1		
Provide a detailed explanation of your primary busi	ness activity (exacti	y wnat your	business does).		
State Farm is an insurance compa	ny that servi	ces the	policies it sells.		
·					
3 Check all that apply to you and/or your business					
☐ Attorney	☐ Lien ser	vice			Service bureau for another business
☐ Auction	☐ Marina	VICE			Provide business name:
Auto manufacturer or agent		orbood b	lock watch	'	Tovide business name.
☐ Bail bonds	☐ Newspa				Storage facility
Bank or financing firm	☐ Non-pro	•			Fitle/Escrow
Business	☐ Parking				Foll facility
Commercial parking company	☐ Private i				Towing company
☐ Credit union	☐ Process				Transporter
☐ Data broker/Reseller			- Government		Jnion (non-profit)
☐ Data broker/Reseller ☐ Property mgmt Gover☐ Debt recovery/Collection ☐ Property mgmt Private					Vehicle/Vessel dealer
Employer/Prospective employer					represent a business that will
☐ Employer/Prospective employer ☐ Repossession service ☐ Government ☐ Retail/Store			01 1100		provide information to another party
Guardianship/Trustee service	☐ School -				Provide business names:
Homeowner association	☐ School -				. To the Submission Harriso.
☐ Hospital			r or wrecker	$\Box$	Other (explain)
☐ Hulk hauler			s - Government	_ `	outer (explain)
✓ Insurance company/agent  ☐ Security services - Government ☐ Security services - Private					
■ Insurance company/agent					

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.				
State Farm uses IVIPs information during claim investigations to determine vehicle ownership, if the title has been recently transferred and to determine when the tabs were last renewed.				
Fedisclosure and/or selling of information  Will you sell or provide the information to anyone else?				
If no, skip to Section 6.				
If yes, who will you provide or sell the information?				
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?				
recipionic are change to percental information and a need take.				
How will you provide the information to recipients? Explain.				
6 Owner contact Will you contact the vehicle/vessel owner?				
Unsolicited business contact for commercial purposes is strictly prohibited.				
If yes, why will you contact the owner and how will you contact them?				
Contact with the vehicle owner may be made to conclude a total loss claim to a vehicle which resulted from				
an automobile accident.				
Contact can be made by phone, e-mail or in person during the course of the claim handling.				
7 Answer the following				
1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ✓ Yes □ No				
as part of this application?				
application?				
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making				
unsolicited business contact, or promoting the sale of any goods or services? ✓ Yes □ No				

Check all that apply						
☐ I represent a government agency. Agen	I represent a government agency. Agency name:					
for carrying out the functions of your agen	will only be used in an official capacity and solely ncy?					
<ul> <li>I represent a Washington State busines</li> <li>your current business license</li> </ul>						
any/all professional licenses that you p						
<ul><li>Washington, attach a legible copy of either</li><li>your current business license</li></ul>	gton State. If your business is not required to be licensed in the state of er:  r authorized representative indicating you are their agent. The letter must					
•	umber (EIN) or Taxpayer Identification Number (TIN).					
☐ I am a process server. Attach legible cop	pies of:					
<ul> <li>your current business license</li> <li>any/all professional licenses that you p</li> <li>registration for county jurisdictions</li> </ul>	ossess					
☐ I represent a non-profit organization or	· corporation.					
1. Attach a legible copy of one of the follo						
<ul><li>Your Articles of Incorporation, filed v</li><li>Your Tax Exempt Status from the Int</li></ul>	•					
	roved by the Department of Licensing Public Records Officer					
• •	pusiness owner or authorized representative indicating you are their					
-	ch a legible copy of your current business license.					
IVIPS applicants must also include:						
<ul><li>subscriber roster (provided on page 4)</li><li>subscriber agreements</li></ul>						
☐ I am an attorney.* Attach legible copies of	of:					
your current business license						
<ul> <li>your current bar card</li> </ul>						
☐ I am a private investigator.* Attach legib						
<ul><li>your current Private Investigator license</li><li>your current business license</li></ul>	3					
•						
*Whenever an attorney or private investigate to the vehicle owner. RCW 46.12.635	or accesses a vehicle record in IVIPS, we will send a notification letter					
	ealing a material fact required in this request or making false ation from an individual's motor vehicle record is subject to federal 2.640					
By signing or typing your name, you are certifying the foregoing is true and correct.	ng under penalty of perjury under the laws of the state of Washington that					
	Claim Section Manager  Title					
November 7, 2014; Thurston County	X Janet Singler					
Pate and place (county) signed	X Janet Singler Signature					
Federal Driver Privacy Protection Act (DPPA) 18	U.S.C. §2721 through §2725					

Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

### Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <a href="https://fortress.wa.gov/dol/ivipsprod/">https://fortress.wa.gov/dol/ivipsprod/</a>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
2	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
3	Address, City, State, ZIP code	1	Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code	1	Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? □ Yes □ No			
	Legal business name	Contact name	Email	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? □ Yes □ No			
	Legal business name	Contact name	Email	Telephone #
6	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? □ Yes □ No			
	Legal business name	Contact name	Email	Telephone #
7	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? □ Yes □ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### **Fees**

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

		•		
1 Method of access you are requesting				
IVIPS (Individual record inquirie	s) Current IVIPS nu	mber, if applicable	13a	
☐ Bulk vehicle/vessel records (Ba		ncy (check one): 🗌	One time  Periodic  Regular	
PRINT or TYPE Company/Agency name				
Law Offices of Frederick P.S. Wha	ang, LLC			
Contract contact/manager (IVIPS and Bulk records	accounts)	Signing Authority name (Bi	ulk records accounts only)	
Lien Thai				
	IPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)	
(206) 223-1113   lienthai@whan				
Physical address of business (Number and street, City	, State, ZIP code)			
675 South Lane Street, Suite 301,	Seattle WA 98104-	2942		
Mailing address of business, if different (Address or Pe	O Box, City, State, ZIP code)			
Same as Above				
Provide one of Taxpayer Identification Numb		dentification Number (EIN)	WA Unified Business Identifier (UBI)	
these identifiers:		Sa	602342783	
Provide a detailed explanation of your primary bus  Practice law and providing legal se			·	
3 Check all that apply to you and/or your business  ✓ Attorney  ☐ Auction ☐ Auto manufacturer or agent	☐ Lien service ☐ Marina ☐ Neighborhood b	olock watch	Service bureau for another business Provide business name:	
Bail bonds	☐ Newspaper or n		Storage facility	
Bank or financing firm	☐ Non-profit organ		☐ Title/Escrow	
Business	☐ Parking enforce		☐ Toll facility	
☐ Commercial parking company	☐ Private investiga	- ·	☐ Towing company	
☐ Credit union	☐ Process server		☐ Transporter	
☐ Data broker/Reseller	☐ Property mgmt.	- Government	Union (non-profit)	
☐ Debt recovery/Collection	☐ Property mgmt.	- Private	☐ Vehicle/Vessel dealer	
☐ Employer/Prospective employer	Repossession s	ervice	$\square$ I represent a business that will	
☐ Government	☐ Retail/Store		provide information to another party	
☐ Guardianship/Trustee service	School - Private		Provide business names:	
☐ Homeowner association	School - Public			
☐ Hospital	Scrap processo		Other (explain)	
☐ Hulk hauler	Security service			
☐ Insurance company/agent	☐ Security service	s - Private		

O o re	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.  On occasions where the registered owner's name and address are not listed on the traffic policy of the other driver, we would then be able to compare the control of the other driver, we would then be able to egistered owner's name and address to write to him/her a letter to determine whether they have the automobile accident in question.	to locate	e the
5	Redisclosure and/or selling of information  Will you sell or provide the information to anyone else?	Provide i	<b>Z</b> No
	The release and redisclosure of personal information is restricted by state and federal laws. How do y recipients are entitled to personal information under these laws?	ou ensure	€
	How will you provide the information to recipients? Explain.		
6	Owner contact		
	Will you contact the vehicle/vessel owner?	. <b>☑</b> Yes	□ No
	If yes, why will you contact the owner and how will you contact them?		
7	Answer the following		
	1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?	. <b>☑</b> Yes	□ No
	2. Do you agree not to use the information for any purpose other than reasons stated on this application?	.☑ Yes	□ No
	3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services?	. <b>☑</b> Yes	□ No

7	Check all that apply
2	☐ I represent a government agency. Agency name:
	Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
	<ul> <li>✓ I represent a Washington State business. Attach legible copies of:</li> <li>your current business license</li> <li>any/all professional licenses that you possess</li> </ul>
	<ul> <li>I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:</li> <li>your current business license</li> <li>a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must</li> </ul>
	include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
	<ul> <li>I am a process server. Attach legible copies of:</li> <li>your current business license</li> <li>any/all professional licenses that you possess</li> <li>registration for county jurisdictions</li> </ul>
	<ul> <li>☐ I represent a non-profit organization or corporation.</li> <li>1. Attach a legible copy of one of the following: <ul> <li>Your Articles of Incorporation, filed with the Secretary of State</li> <li>Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)</li> <li>Other documents reviewed and approved by the Department of Licensing Public Records Officer</li> </ul> </li> <li>2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.</li> </ul>
	<ul> <li>☐ I represent a data broker/reseller – attach a legible copy of your current business license.</li> <li>IVIPS applicants must also include:</li> <li>• subscriber roster (provided on page 4)</li> <li>• subscriber agreements</li> </ul>
	<ul> <li>✓ I am an attorney.* Attach legible copies of:</li> <li>your current business license</li> <li>your current bar card</li> </ul>
	<ul> <li>I am a private investigator.* Attach legible copies of:</li> <li>your current Private Investigator license</li> <li>your current business license</li> </ul>

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Owner/Memb

July 28, 2015

King County, WA

Date and place (county) signed

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



This is your Washington Corporation or LLC License.
This is not a Washington Business License.

LAW OFFICES OF FREDERICK P. S. WHANG C/O FREDERICK PS WHANG 675 S LANE ST STE 301 SEATTLE WA 98104-2942

Detach before posting

001140

State of Washington Business Licensing Service Office of the Secretary of State Corporations Division

# **LEGAL ENTITY REGISTRATION**

Unified Business ID #: 602 342 783

Business ID #: 1

Expires: 02-29-2016

LAW OFFICES OF FREDERICK P. S. WHANG, LLC 55 BROADWAY TACOMA WA 98402 4102

Domestic Limited Liability Company
Renewed by Authority of Secretary of State

REGISTERED TRADE NAMES: WHANG LAW FIRM

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Secretary of Stage

City of Seattle Customer #: 565316



State of Washington UBI #: 602342783

Tax period:

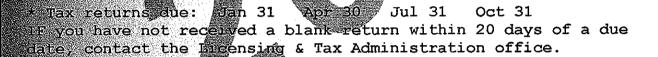
Quarterly\*

Tax Reporting:

Separate

BUSINESS LICENSE

EXPIRATION DATE
12/31/2015



WHANG LAW FIRM 675 S LANE ST #301 SEATTLE, WA 98104

Not Transferable

**Post Conspicuously** 



## THE CITY OF SEATTLE

Dept. of Finance and Administrative Services

700 5th Avenue Suite 4250 P.O. BOX 34214 Seattle WA 98124-4214 (206) 684-8484 Fax (206) 684-5170 email:tax@seattle.gov\_website: seattle.gov/licenses

**BUSINESS MAILING ADDRESS:** 

565316

000

3872 / 7-7-376

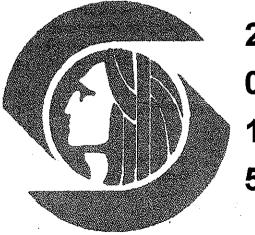
լիով-ընկենին-իր-(ինիննիրիկին-իրնինիկինիլննիրինի

LAW OFFICES OF FREDERICK PS WHANG WHANG LAW FIRM 675 S LANE ST STE 301 SEATTLE WA 98104-2942



Expiration Date: 12/31/2015

Business License





Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Method of access you are requesting					
<ul> <li>✓ IVIPS (Individual record inquiries) Current IVIPS number, if applicable</li> <li>□ Bulk vehicle/vessel records (Batch process) Frequency (check one):</li> <li>□ One time</li> <li>□ Periodic</li> <li>□ Regular</li> </ul>					
PRINT or TYPE Company/Agency name	,	, , , , , , , , , , , , , , , , , , , ,			
Pierce County Assessor-Treasurer	•				
Contract contact/manager (IVIPS and Bulk records		Signing Authority name (Ba	ulk records accounts only)		
Debbie Brammer					
(Area code) Phone number Email (required for IVII	PS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)		
(253) 798-3712   dbramme@co.p	oierce.wa.us				
Physical address of business (Number and street, City,	State, ZIP code)	·			
2401 South 35th Street, Room 142	2, Tacoma, WA 984	109-7498			
Mailing address of business, if different (Address or PO	Box, City, State, ZIP code)				
Provide one of Taxpayer Identification Number	er (TIN) Employer	Identification Number (EIN)	WA Unified Business Identifier (UBI)		
these identifiers: 6a					
2 Provide a detailed explanation of your primary busin	ness activity (exactly what you	r business does).			
Property assessment & property ta	x collection				
3 Check all that apply to you and/or your business					
_	☐ Lien service		☐ Service bureau for another business		
☐ Attorney	☐ Marina		Provide business name:		
Automonufacturer or agent	Total In the American Chapter	olock watch	Flovide business name.		
<ul><li>☐ Auto manufacturer or agent</li><li>☐ Bail bonds</li><li>☐ Newspaper or n</li></ul>			☐ Storage facility		
Section 1	☐ Non-profit orga		☐ Title/Escrow		
☐ Bank or financing firm☐ Business	☐ Parking enforce		☐ Toll facility		
☐ Commercial parking company	☐ Private investig		☐ Towing company		
☐ Credit union	☐ Process server	ator	☐ Transporter		
☐ Data broker/Reseller	☐ Property mgmt.	- Government	Union (non-profit)		
The state of the s	☐ Property mgmt.		☐ Vehicle/Vessel dealer		
Debt recovery/Collection	☐ Repossession s		☐ I represent a business that will		
☐ Employer/Prospective employer ☑ Government	☐ Retail/Store	DEI AICE	provide information to another party		
	School - Private	2	Provide business names:		
☐ Guardianship/Trustee service☐ Homeowner association	School - Public	•	1 10 tide business hames.		
A STATE OF THE PARTY OF THE PAR	☐ Scrap processo	yr or wracker	Other (explain)		
☐ Hospital ☐ Hulk hauler		es - Government	Carlot (explain)		
☐ Insurance company/agent	Security service				

Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
To obtain purchaser's name for our taxpayer records.
5 Redisclosure and/or selling of information
Will you sell or provide the information to anyone else? □ Sell ☑ Provide □ No
If no, skip to Section 6.
If yes, who will you provide or sell the information?
Information that is subject to public records disclosure will be released to any requester. Our property tax records are also searchable via our website.
The release and redical course of personal information is restricted by state and federal laws. How do you are use
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
Records that are protected will not be disclosed.
How will you provide the information to recipients? Explain.
Records are provided via mail, e-mail and on-line search.
These as a provided that man, o than and of mile source.
6 Owner contact
Will you contact the vehicle/vessel owner?
Unsolicited business contact for commercial purposes is strictly prohibited.  If yes, why will you contact the owner and how will you contact them?
Normally, it is the owner of record who contacts our office stating the mobile home has been sold and a
seller's report has been filed.
A course the fellowing
Answer the following  1. Do you agree not to sell or provide the information to any third party that has not been disclosed
as part of this application?
2. Do you agree not to use the information for any purpose other than reasons stated on this
application?
unsolicited business contact, or promoting the sale of any goods or services?

8 Check all that apply	
✓ I represent a government agency. Age	ncy name: Pierce County Assessor-Treasurer
	e will only be used in an official capacity and solely ency?
<ul> <li>I represent a Washington State busine</li> <li>your current business license</li> <li>any/all professional licenses that you</li> </ul>	
<ul> <li>Washington, attach a legible copy of eith</li> <li>your current business license</li> <li>a letter with a signature of the owner of</li> </ul>	ngton State. If your business is not required to be licensed in the state of er:  or authorized representative indicating you are their agent. The letter must lumber (EIN) or Taxpayer Identification Number (TIN).
<ul> <li>I am a process server. Attach legible co</li> <li>your current business license</li> <li>any/all professional licenses that you personal registration for county jurisdictions</li> </ul>	ppies of:
	owing: with the Secretary of State
<ul> <li>☐ I represent a data broker/reseller – att.</li> <li>IVIPS applicants must also include:</li> <li>subscriber roster (provided on page 4)</li> <li>subscriber agreements</li> </ul>	ach a legible copy of your current business license.
<ul> <li>I am an attorney.* Attach legible copies</li> <li>your current business license</li> <li>your current bar card</li> </ul>	of:
<ul> <li>I am a private investigator.* Attach legi</li> <li>your current Private Investigator licens</li> <li>your current business license</li> </ul>	
*Whenever an attorney or private investigat to the vehicle owner. RCW 46.12.635	or accesses a vehicle record in IVIPS, we will send a notification letter
	cealing a material fact required in this request or making false nation from an individual's motor vehicle record is subject to federal 12.640
By signing or typing your name, you are certify the foregoing is true and correct.	ing under penalty of perjury under the laws of the state of Washington that
	Accounting Assistant 3
April 14, 2015 / Pierce County WA  Date and place (county) signed	X Debbie Brammer Signature
Federal Driver Privacy Protection Act (DPPA) 18 Washington State laws RCW 42.56, RCW 46.12	

### Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- · Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <a href="https://fortress.wa.gov/dol/ivipsprod/">https://fortress.wa.gov/dol/ivipsprod/</a>.

In the Subscriber's permissible use box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	I				
	Legal business name Pierce County Assessor-Treasurer	Contact name Christy Talbert	ctalbe1@co.pierce.WA.VS	Telephone #	
	Address City State 7IP code		Subscriber's permissible use	(233) 190-21 10	
1	2401 South 35th Street, Room 142, 7	Tacoma, WA 98409-7498		to undata aur	
	Does the subscriber provide information		To obtain owner's name	to update our	
	an attorney or private investigator? Yes 🗹 No		taxpayer records.		
	Legal business name	Contact name	Email	Telephone #	
	Pierce County Assessor-Treasurer	Raquel Palmas	rpalmas@co.pierce.WA.US	(253) 798-3676	
2	Address, City, State, ZIP code		Subscriber's permissible use		
_	2401 South 35th Street, Room 142, 7		To obtain owner's name to update our		
	Does the subscriber provide information an attorney or private investigator?		taxpayer records.		
	Legal business name	Contact name	Email	Telephone #	
	Pierce County Assessor-Treasurer	Brittanie Erickson	berick1@co.pierce.WA.Us	(253) 798-7259	
3	Address, City, State, ZIP code	F \\\\\ 00400 7400	Subscriber's permissible use		
	2401 South 35th Street, Room 142, 7		To obtain owner's name t	to update our	
	Does the subscriber provide information an attorney or private investigator?	🗆 Yes 🗹 No	taxpayer records.		
	Legal business name	Contact name	Email	Telephone #	
	Pierce County Assessor-Treasurer	Vicki Short	vshort@co.pierce.WA.us	(253) 798-7105	
4	Address, City, State, ZIP code		Subscriber's permissible use	- 007 = 24 Mar.	
	2401 South 35th Street, Room 142, Tacoma, WA 98409-7498  Does the subscriber provide information to		To obtain owner's name to update our		
	an attorney or private investigator? Yes 🗹 No		taxpayer records.		
	Legal business name	Contact name	Email	Telephone #	
	Pierce County Assessor-Treasurer	Tina Parrish	cparris@co.pierce.WA.us	(253) 798-7117	
5	Address, City, State, ZIP code		Subscriber's permissible use		
3	2401 South 35th Street, Room 142, Tacoma, WA 98409-7498		To obtain owner's name to update our		
	Does the subscriber provide information to an attorney or private investigator? □ Yes ☑ No		taxpayer records.		
-	Legal business name	Contact name	Email	Telephone #	
	Pierce County Assessor-Treasurer	Sandra Moore	smoore@co.pierce.wa.us	STEEL	
6	Address City State 7IP code		Subscriber's permissible use		
6	2401 South 35th Street, Room 142, Tacoma, WA 98409-7498		To obtain owner's name to update our		
	Does the subscriber provide information to		taxpayer records.		
L	an attorney or private investigator?	LYes V No			
	Legal business name	Contact name Kim Culbertson	Email	Telephone #	
	Pierce County Assessor-Treasurer Kim Culbertson  Address, City, State, ZIP code		kculber@co.pierce. WA. V5 (253) 798-3704 Subscriber's permissible use		
7	2401 South 35th Street, Room 142, Tacoma, WA 9840		To obtain owner's name	to undate our	
	Does the subscriber provide information	to	taxpayer records.	io upuate oui	
	an attorney or private investigator? □ Yes ☑ No		tanpayor rootido.		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

### Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- · Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <a href="https://fortress.wa.gov/dol/ivipsprod/">https://fortress.wa.gov/dol/ivipsprod/</a>.

In the Subscriber's permissible use box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

_				
	Legal business name	Contact name	Email	Telephone #
	Pierce County Assessor-Treasurer	Joyce Walsworth	jwalswo@co.pierce.wa.us	(253) 798-2717
	Address City State 7ID code		Subscriber's permissible use	
1	The state of Company and the state of the st			
	2401 South 35th Street, Room 142, Tacoma, WA 98409-7498		$\dashv$ To obtain owner's name $!$	to update our
	Does the subscriber provide information to		taxpayer records.	
	an attorney or private investigator?			
1	Legal business name	Contact name	Email	Telephone #
_	Address, City, State, ZIP code		Subscriber's permissible use	
2				
	Doos the subscriber provide information	to	4	'
	Does the subscriber provide information			
_	an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
1				
3	Address, City, State, ZIP code		Subscriber's permissible use	
3				
1	Does the subscriber provide information	7		
	an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
	Legal business name	Contact name	Line	relephone "
	Address City Chats 71D and		Cubasihada waxaisaibla waa	
4	Address, City, State, ZIP code		Subscriber's permissible use	
			4	
	Does the subscriber provide information			
an attorney or private investigator? Yes		∟ Yes ∟ No		<del>, </del>
	Legal business name	Contact name	Email	Telephone #
-	Address, City, State, ZIP code		Subscriber's permissible use	
5				
	Does the subscriber provide information	to		
	an attorney or private investigator?	🗆 Yes 🗀 No		
	Legal business name	Contact name	Email	Telephone #
-				
	Address, City, State, ZIP code		Subscriber's permissible use	
6	Address, City, State, 217 Code		Subscribers permissible use	
1	Does the subscriber provide information to		_	
ļ	Does the subscriber provide information to			
_	an attorney or private investigator?			
1	Legal business name	Contact name	Email	Telephone #
1				
7	Address, City, State, ZIP code		Subscriber's permissible use	
1				
	Does the subscriber provide information	to	7	
	an attorney or private investigator?			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

# **Redaction Log**

Reason	Page (# of occurrences)	Description
13a	1 (1) 5 (1) 11 (1) 18 (1) 36 (1) 39 (14) 41 (1) 45 (1) 48 (1) 56 (1) 62 (1) 66 (1) 70 (1) 75 (1)	RCW 42.56.420(4). Security – Computer and Telecommunications Networks. Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities.
6a	1 (1) 5 (1) 18 (1) 36 (1) 41 (1) 45 (1) 48 (1) 56 (1) 62 (1) 66 (1) 70 (1) 75 (1)	RCW 42.56.230(5); RCW 9.35.005. Personal Information — Financial Information. Credit card numbers, debit card numbers, electronic check numbers, card expiration dates, social security numbers, bank or other financial information identified in RCW 9.35.005. Information in RCW 9.35.005 is information identifiable to an individual that concerns the amount or conditions of an individual's assets, liabilities or credit: account numbers and balances; transactional information concerning an account; codes, passwords, social security numbers, tax identification numbers, driver's license or permit numbers, state identicard numbers issued by the Department of Licensing, and other information held for the purpose of account access or transaction initiation.